LANCASHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

FIFTY-FOURTH ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1962

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F43458

Printed by F. Taylor & Co. (Blackpool) Ltd.

CONTENTS

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MEDICAL STAFF

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L. B. Corner, L.D.S., R.C.S. (EDIN.)

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Miss M. Conroy
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Miss T. F. Melsher (Until 3/7/62)
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J. D. Willins, M.B., CH.B., D.P.H. (Resigned 10/3/62.)
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* Part-time

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(*Whole-time*)

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G. Entwisle, L.D.S.
H. Gaunt, B.CH.D.
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J. A. Hargreaves, L.D.S.
J. F. Higson, B.D.S.
L. A. Jones, L.D.S.
C. R. Wheeler, L.D.S.

School Dental Officers.

(*Whole-time*)

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T. A. M. Ashman, L.D.S.
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Joan M. Bullough, L.D.S.
A. E. Butler, L.D.S.
Margaret E. Caldwell, L.D.S.
Margaret Clark, L.D.S.
R. A. Collins, L.D.S. (From 1/1/62.)
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E. Crosbie, L.D.S.
F. J. W. Dewhurst, L.D.S.
G. R. Fairclough, L.D.S.
S. Goldman, L.D.S.
L. B. Hall, L.D.S.
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(*Part-time*)

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R. H. Bingham, L.D.S.
D. L. Booth, L.D.S. (Resigned 30/4/62)
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R. J. Carson, L.D.S.
K. R. Carter, L.D.S. (Appointed 3/12/62.)
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H. K. Clough, L.D.S.
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R. A. Collins, L.D.S. (Until 31/12/62.)
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P. F. Cunningham, L.D.S.
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(*Part-time*)

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R. V. Tracey-Forster, M.B., CH.B., F.R.C.S., D.L.O.

Orthopaedic Surgeons.

(*Part-time*)

R. W. Agnew, M.B., CH.B., F.R.C.S., M.CH. (ORTH)
H. G. A. Almond, M.B., CH.B., M.R.C.S., L.R.C.P., F.R.C.S., M.CH. (ORTH.)

A. P. Gracie, M.B., CH.B., F.R.C.S.
R. Harrison, M.B., B.S., F.R.C.S.
Marguerite F. Johnstone, M.B., CH.B.
I. D. Kitchin, M.B., CH.B., F.R.C.S. (EDIN.)
E. Knowles, M.B., CH.B., M.R.C.S., L.R.C.P., F.R.C.S. (EDIN.), M.CH. (ORTH.)
W. Lamont, M.B., CH.B., F.R.C.S.
S. M. Milner, M.A., M.B., B.CH., M.R.C.S., L.R.C.P., F.R.C.S.
G. V. Osborne, M.B., CH.B., F.R.C.S. (EDIN.), M.CH. (ORTH.)
H. C. Palin, M.B., B.CH.
D. W. Purser, M.B., CH.B., F.R.C.S.
E. Strach, M.D., F.R.C.S.
V. H. Wheble, M.A., B.M., B.CH., F.R.C.S., D.T.M. & H.
J. K. Wright, B.SC., M.B., CH.B., M.R.C.S., L.R.C.P., F.R.C.S.

Psychiatrists.

(*Part-time*)

Maria J. Dale, M.D.
S. Leviten, M.B., CH.B., D.P.M. (Appointed 4/9/61.)

Speech Therapists.

(*Whole-time*)

Mrs. H. Beardsall (Appointed 6/3/62.)
Miss M. Bolton (Appointed 1/1/62.)
Mrs. M. R. Bottomley
Miss P. Cannell.
Mrs. C. J. Capes (Until 31/12/61.)
Miss E. A. Johnson.
Miss J. Matthews.
Mrs. P. M. Molyneaux.
Mrs. B. A. Oliver.
Miss A. E. M. Paull.
Mrs. A. P. Shelley.
Mrs. G. Yardley.

(*Part-time*)

Miss A. Burgess.
Mrs. C. J. Capes (From 1/1/62.)
Mrs. J. Corcoran.
Mrs. B. M. Hope (Resigned 29/3/62)
Mrs. C. D. Woodcock.

Orthoptists.

(*Whole-time*)

Miss P. T. Dalby.

(*Part-time*)

Miss J. Allanson.
Miss R. G. Lunt (Resigned 31/5/62)
Miss S. Sutcliffe.

Itinerant Teachers of the Deaf.

J. J. Finigan.
B. Fisher (Appointed 1/9/62.)
Miss M. J. Hewitt.
Miss H. G. Johnson, B.A.
E. R. Wall.

Educational Psychologists.

Miss K. M. Gildea, B.A. (Appointed 17/9/62.)
*Mrs. D. M. Hughes, B.A. (Appointed 27/8/62.)
D. G. Labon, B.Sc.
A. L. Lambert, B.Sc.
*Mrs. M. Lee, B.Sc.
L. H. Litt, B.A.
T. Simm, B.Sc.

* Part-time

Psychiatric Social Workers.

(*Whole-time*)	(*Part-time*)
Mrs. D. E. Dymond, B.Sc. (From 1/1/62 Until 31/10/62.)	Mrs. D. E. Dymond, B.Sc. (From 1/11/62.)
Mrs. W. H. Cottrill, B.A. (Admin.)	Miss P. Kemp, B.A. (Appointed 17/4/62.)
Miss S. M. Hall (Appointed 3/9/62.)	
Miss S. J. Price	
Miss R. E. Reynolds, M.A.	
Mrs. M. H. Riley, B.SOC.SC. (Resigned 28/3/62.)	

Physiotherapists.

(*Whole-time*)	(*Part-time*)
Miss S. Brown.	Mrs. M. L. Collins.
Miss D. R. Duncan.	Mrs. M. Hall.
Mrs. M. Garrett.	Mrs. M. Horrocks.
Miss B. Huxtable.	Mrs. H. Jordan.
Miss M. Johnson.	Mrs. P. Rothwell.
Miss E. M. Smith.	Mrs. E. Wade.

Chiropodists.

(*Part-time*)

Mrs. M. Barnes (Resigned 24/12/62.)	E. I. Hunt.
D. B. Bradburn.	J. E. Ives
J. W. Davidson.	J. A. Roberton.
D. J. Day.	R. J. Smith.
Miss A. C. Drury.	P. Speak.
A. Eaves.	Mrs. C. Walsh.
Mrs. E. Hargreaves.	J. Wood (Appointed 10/5/62.)
P. S. Hargreaves.	E. D. Wyatt.

School Nurses and Health Visitors.

Mrs. P. G. Allen.	Mrs. H. Allott.
Miss M. Alletson.	Miss M. Alston.

Miss E. L. Altoft (Appointed 3/9/62.)
Miss J. Andrew.
Miss A. Appleby.
Miss G. H. E. Archer.
Miss E. M. Armistead.
Miss K. Armstrong.
Mrs. A. Ashley.
Miss M. L. Ashley.
*Mrs. E. M. Ashton.
Mrs. K. Ashworth.
Mrs. M. M. Ashworth.
Miss I. Asquith.
Mrs. E. Atherton. (Appointed 31/7/62.)
Miss E. Atkinson.
Mrs. M. Attenborough.
*Mrs. J. Avington (Appointed 1/10/62.)
Mrs. A. Bamber.
Miss M. Barker.
Mrs. M. F. Barr.
Miss J. M. Barrett (Appointed 31/7/62.)
Mrs. A. Beaumont.
Miss K. Bell (Appointed 1/10/62.)
Miss N. Bennett.
Miss M. R. Benson (Appointed 3/12/62.)
Mrs. N. M. Bessant.
Mrs. J. Beswick (Resigned 30/6/62.)
Miss E. Bibby.
Miss H. M. E. Black.
Miss M. M. Blackburn.
Miss M. Boaz.
Mrs. E. Bodley.
Miss M. E. Bolas.
Mrs. J. M. Botes.
Mrs. A. Boyes.
Mrs. B. Bradshaw.
Mrs. N. Brady.
Mrs. G. J. Bramhall.
Miss M. S. Branch.
Miss L. Brandwood.
Miss M. J. Brannigan (Appointed 1/11/62.)
Miss B. Briggs.
Miss P. Broadhurst (Appointed 14/12/62.)
Mrs. H. M. Brook (Appointed 17/9/62.)
Mrs. A. Brooks.
Miss A. M. Brunt.
Mrs. B. Buckley (Resigned 17/10/62.)
Mrs. M. Burr.
Miss M. Bush.
Miss M. Butler.
Miss P. Butler.
Miss M. M. Byrne.
Miss K. Cahill.
Miss C. K. Campbell.
Mrs. F. E. Carter.
Mrs. M. Carter (Resigned 31/7/62.)
Mrs. W. Carter (Appointed 12/3/62.)
Miss V. S. Chamberlin.
Mrs. J. Chambers.
Miss F. Charles.
Mrs. E. Chiduck (Appointed 14/12/62.)
Miss M. Cleary.
Miss A. A. Collinge.
Mrs. E. Cooke.
Miss J. Cottier.
*Mrs. D. Creighton.
Miss D. C. Crook.
*Mrs. A. M. Crosbie.
Mrs. N. Cunliffe.
Miss M. E. R. Curtis.
*Mrs. M. E. Dallas.
Miss E. Davidson (Resigned 28/4/62.)
Mrs. A. Davies.
Miss G. Davies.
Miss M. M. Davis (Appointed 17/12/62.)
Miss P. A. Davis.
*Mrs. E. J. Dawber.
Mrs. I. Dawson.
Miss E. Dearden.
Miss R. Deasey.
Miss M. Dent.
Miss K. Devlin.
Miss J. Dickinson.
Miss L. R. Dinsdale.
Miss E. Ditchfield.
Miss D. Dodding.
Miss E. P. Downes.
Miss I. H. Downes.
Miss M. W. Doyle.
Miss W. Doyle.
Mrs. P. J. Duff (Appointed 9/7/62.)

Mrs. K. Duffy.
Miss A. Duggins.
Miss T. Dunscombe.
Miss J. Durose.
Mrs. M. Easterbrook.
Miss J. G. Edis.
Miss C. M. Edwards.
Mrs. E. J. Edwards. (Resigned 31/5/62)
Mrs. M. A. Elliot.
Miss K. M. Enright.
Miss M. Entwistle.
Miss K. Eustace.
Miss G. Evans. (Appointed 14/12/62.)
Mrs. J. Fallows (Appointed 31/7/62.)
Mrs. M. D. Farmer.
Mrs. C. M. Farrell.
Miss J. A. Farries (Appointed 1/2/62.)
Miss U. M. V. Fee (Resigned 31/1/62.)
Miss E. B. Ferguson.
Miss A. W. M. Fido.
Miss M. P. Finigan (Appointed 14/12/62.)
Mrs. B. Fisher (Appointed 31/7/62.)
Miss M. A. Fisher.
Miss J. M. Fletcher (Appointed 30/7/62.)
Miss S. Fletcher (Resigned 28/2/62.)
Miss F. G. Fothergill.
Mrs. M. M. Foulkes.
Miss C. E. Fox.
Mrs. K. Foxcroft.
Miss K. M. Fryer. (Resigned 17/3/62.)
Mrs. M. P. Gagan (Appointed 14/12/62.)
Mrs. E. Gallaher.
Miss M. E. Gardner.
Miss M. Gibbins
Miss J. Gibbs.
Miss L. W. Gilbert.
Mrs. E. Gill (Appointed 31/7/62.)
Miss M. Gill.
Miss F. M. J. Gillen.
Mrs. J. Glover.
Miss E. Goodbrand.
Miss T. Gorton.
Miss M. Gowan.
Miss I. Graham.
Mrs. M. L. Grant-Townsend.
Mrs. D. Green.
Miss E. J. Green.
Miss M. Green.
Miss H. J. Grieve.
Mrs. E. I. Griffiths.
Miss D. Guest.
Mrs. B. Hague.
Miss A. B. Haigh.
Miss E. Hall.
Miss E. M. Hanson.
Miss M. Hardacre.
Miss H. Hargreaves.
Mrs. M. Hargreaves.
Mrs. L. Harker.
Miss M. M. Harris.
Mrs. A. Harrison.
*Mrs. M. Harrison.
Miss J. E. Hawkins.
Miss I. Haworth.
Miss M. Haworth (Appointed 30/7/62.)
Miss G. Heald.
Miss I. Heap.
Miss F. L. Hellam.
Miss W. Henry.
Mrs. M. Hewson.
Miss K. Heywood (Appointed 10/12/62.)
Miss D. M. Hexter.
Miss D. Higham.
Miss A. Hodgson (Appointed 9/4/62.)
Mrs. B. Hodgson.
Miss A. Holden.
Miss M. Holden (Resigned 31/1/62)
Miss S. E. Holt.
Miss M. Hopkins.
*Mrs. M. Horobin (Appointed 18/6/62.)
Miss H. Horsfield.
Miss J. Houghton (Appointed 30/7/62.)
Miss N. M. Houghton.
Miss A. C. Howard.
Mrs. L. Howarth.
*Mrs. P. Howarth.
Miss M. Hoyle.
Miss E. Hughes.
Miss E. Humphreys.
Miss L. Humphreys.

Mrs. B. Hunter.
Miss P. M. Iball.
Mrs. M. Ingram.
Miss A. Jackson.
Mrs. D. Jackson.
Mrs. I. E. James.
Miss M. James.
Mrs. I. Jeffrey.
Miss G. E. M. Jeffries.
Miss M. H. Jenkinson.
Miss E. Johnson.
Miss J. M. Johnson.
Miss P. Johnson (Appointed 18/4/62.)
Miss K. M. Johnstone.
Mrs. E. Jones.
Mrs. E. J. Jones.
Miss F. N. L. Jones.
Miss H. M. Jones.
Miss K. M. Jones.
Miss M. Jones.
Mrs. W. Jones.
Miss M. S. Jump (Appointed 30/7/62.)
Mrs. H. Kay.
Mrs. M. Kendall.
Miss J. Kenyon.
Miss M. Kenyon.
Mrs. F. Kerr.
Miss P. M. Kidd.
Mrs. P. Kilgallen.
Mrs. P. M. King.
Miss D. Kingwell.
Miss M. E. Knowles, (Appointed 30/7/62.)
Miss G. K. Lamb.
Miss M. Latham
Miss J. Latimer (Resigned 2/1/62.)
Miss M. W. Lawson.
Miss F. Lawton.
Miss A. Leach.
Miss A. P. Leddy.
Mrs. E. Lee.
Mrs. J. Lees.
Mrs. D. Lever.
*Mrs. E. Lewis.
Miss J. P. T. Lewis (Resigned 30/9/62.)
*Mrs. E. Lindley (Appointed 1/11/62.)
Miss R. Lister.
Miss B. E. Littler.
Miss G. M. Lloyd.
Mrs. A. Lockett.
Mrs. P. Lomas.
Mrs. E. Lomax.
Mrs. P. Lomax.
Miss J. Lord.
Mrs. M. Lowe (Resigned 30/4/62.)
Miss E. Lumber.
Mrs. C. Lynch.
Miss H. M. McCaffery (Resigned 30/4/62.)
Miss M. McCormick.
Mrs. M. McCoy.
Miss S. McGahan.
Miss E. McLennan.
Miss D. E. McMullen.
Miss C. M. T. McNally
Miss M. B. McNamee (Appointed 1/8/62.)
Miss V. T. McTigue.
Mrs. I. M. McVittie.
Miss J. Mackie (Appointed 9/7/62.)
Miss B. C. Madden.
Miss A. M. Makin (Retired 5/5/62.)
Mrs. D. Maltman.
Miss K. L. Marsden. (Resigned 5/6/62.)
Miss E. L. Marsland.
Mrs. C. Mason.
Miss M. E. Mason.
Miss J. C. Mawdsley.
Mrs. E. C. Maxwell.
Miss H. Mercer.
Miss M. M. Merrick.
Miss L. Millett (Appointed 1/5/62.)
Miss A. R. Mills.
*Mrs. L. M. R. Milne (Resigned 31/8/62.)
Miss L. Milner (Retired 30/10/62.)
Mrs. N. Milnes. (Resigned 20/6/62.)
Miss M. C. Monks(Resigned 15/6/62.)
Miss M. A. Moore.
Miss M. Morris.
Mrs. J. H. Moyes.
Miss M. B. Murray.
Miss S. Naden.
Miss S. Nicholls. (Resigned 31/12/62.)

Mrs. J. L. Nicholson (Resigned 28/2/62.)
Mrs. J. L. Nicholson (Re-appointed 14/5/62.)
Miss F. Nightingale.
Mrs. M. M. O'Donoghue (Appointed 31/7/62.)
Mrs. W. O'Gara.
Mrs. A. Oldfield (Resigned 31/12/62.)
Mrs. E. O'Looney (Appointed 2/7/62.)
Miss M. Openshaw.
Mrs. E. Opitz.
Miss E. W. Ormerod.
Mrs. C. F. Owen.
Miss C. Owens (Appointed 1/10/62.)
Miss P. Owens (Resigned 16/11/62.)
Miss A. Painter.
Miss D. M. Palmer.
Miss P. M. Parker.
Miss M. Parkington.
Miss V. Parkinson.
Miss J. Parrington.
Mrs. W. M. Partington.
Miss J. E. H. Paterson.
Miss M. E. Pearse (Retired 16/2/62.)
Miss E. Peate.
Miss A. Perkins.
Miss V. M. Picton (Resigned 31/9/62.)
Miss D. Platt.
Mrs. J. Pollitt (Appointed 31/7/62.)
Miss N. Poole.
Miss E. Pope.
Miss O. Powell (Appointed 29/10/62.)
Mrs. M. B. Power.
Mrs. F. Pragnell.
Mrs. I. Prescott.
Mrs. E. N. Preston.
Miss P. Preston.
Miss E. Quayle
Miss M. I. Raw.
Miss K. M. Reddish.
Miss E. D. Redman.
*Mrs. C. Reeves (Appointed 15/10/62.)
Miss J. Reid.
Miss R. A. Reilly.
Miss D. E. Rhodes.
Mrs. B. G. Rice (Appointed 30/7/62.)
Miss E. H. Rigby.
Miss V. Riley.
Mrs. K. M. Robb (Resigned 6/10/62.)
Mrs. L. Robinson.
Mrs. D. Rothwell.
Mrs. P. M. Rothwell.
Miss E. I. Ryan.
Mrs. K. Ryan (Appointed 3/12/62.)
Miss M. H. Ryden.
Miss L. E. Sandler.
Mrs. B. S. Saul.
Miss E. L. Sayer.
Miss G. I. Scott.
Miss R. Shannon (Resigned 31/1/62.)
Miss F. Sharples.
Mrs. H. Shaw.
Miss R. Shaw.
Miss J. Sheldon.
Miss I. Silcock.
Miss M. Simmons.
Mrs. T. M. Simmons.
Miss E. Singleton (Retired 23/3/62.)
Mrs. J. L. Skinner (Resigned 15/12/62.)
Miss E. Slaney.
Miss Alice Smith.
Miss Annie Smith.
Mrs. A. Smith.
*Mrs. D. Smith (Appointed 10/10/62, Resigned 24/11/62.)
*Mrs. H. I. Smith.
Miss J. B. Smith.
Mrs. R. Smith.
Miss S. Smith.
Mrs. M. Smyth (Appointed 25/6/62.)
Miss A. R. Snape.
Mrs. M. Somerville.
Mrs. M. J. Sorby.
Miss M. M. Southward
Miss M. Spenceley.
Miss E. J. Stanley.
Mrs. G. M. Stead.
Mrs. I. Steggles.
Mrs. J. A. M. N. Stoddard (Appointed 1/8/62.)
Miss H. M. Swain.
Mrs. M. A. Sweeney (Appointed 3/9/62.)
Miss I. M. Swinscoe.

Miss M. M. Switzer.
Miss I. M. Szalonnas.
Mrs. A. L. Taylor.
Miss B. H. Taylor.
Mrs. A. Thomas (Retired 18/6/62.)
Mrs. E. M. Thomas.
Mrs. A. Thompson (Appointed 10/4/62.)
Miss D. T. Thompson.
Miss E. J. Thompson.
Miss J. Thompson.
Mrs. M. Thompson.
Miss N. Thornton.
Mrs. M. Tickle (Appointed 1/10/62.)
Mrs. E. M. Tilburn.
Mrs. N. M. Torres.
Miss W. Tyson.
Miss G. Waddicor.
Mrs. C. M. Wade.
Miss E. W. Walker.
Miss J. M. Walker.
Mrs. M. I. Walmsley.
Miss A. Walton.
Miss E. Ward.
Mrs. D. G. M. Wardle.
Mrs. A. Webb (Retired 31/8/62.)
Miss J. Webster.
Mrs. G. Weir.
Mrs. C. E. West.
Mrs. W. West.
Miss A. Whaite.
Miss A. M. Whitaker (Resigned 30/9/62.)
Mrs. J. Wilcock.
Miss M. A. Wilcock.
Miss M. Wild.
Mrs. V. Wildig.
Miss M. Wilkinson.
Miss N. Wilkinson.
Miss E. C. Williams.
Miss G. Williams.
Mrs. J. Wilson.
Miss M. Wilson.
Miss L. M. Winder.
Miss M. Winslow.
Miss M. D. Wood (Appointed 23/8/62.)
Miss P. Worden (Appointed 30/7/62.)
*Mrs. J. Wright (Appointed 26/11/62.)
Mrs. M. N. G. Wroe.
Miss A. Yates.
Mrs. M. Youseff.

* Part-time

School Nurses.

Mrs. L. Agers.
Mrs. F. C. Ames (Retired 25/5/62.)
Mrs. F. K. Antonie.
Mrs. C. O. Archer.
Mrs. E. Bell.
Mrs. J. Briggs.
Mrs. M. Brown.
Mrs. L. Cooper.
Mrs. N. Cope.
Mrs. M. Crosby.
Miss A. Davies (Appointed 1/11/62.)
Mrs. E. M. Davies.
Mrs. I. Denholm (Appointed 14/5/62.)
Mrs. H. Eaves.
Miss J. Fearnehough.
Miss A. Forrest.
Mrs. M. T. Greenfield (Resigned 18/5/62.)
Mrs. M. E. Hickie.
Mrs. J. Holden.
Mrs. E. Iddon.
Mrs. G. M. Jolley (Appointed 19/11/62.)
Miss D. E. King (Resigned 24/9/62.)
Mrs. A. C. McHugh.
Mrs. A. E. McKay.
Mrs. H. O'Donnell (Appointed 1/11/62.)
Mrs. P. O'Donnell.
Mrs. B. Redfearn (Appointed 12/2/62)
Miss E. A. White.
Miss P. Whittaker (Appointed 19/11/62.)
Mrs. J. Wilcox.
Miss A. Willman.
Mrs. R. M. Wood (Appointed 2/4/62.)
Mrs. A. G. Worthington.

Bleasdale House Residential Special School for Physically Handicapped Boys (Junior), Silverdale.

MATRON : Miss C. M. Hayes.
HEAD TEACHER : Miss H. Brown.

Broughton Tower Residential Special School for Delicate Pupils, Broughton-in-Furness.

MATRON : Miss M. Ward (From 25/6/62.)
HEAD TEACHER : Mr. E. G. Sharples.

Kepplewray Residential Special School for Physically Handicapped Girls, Broughton-in-Furness

MATRON : Miss N. E. Dent.
HEAD TEACHER : Mrs. G. E. Cornwell.

Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick.

MATRON : Miss J. Sharp.
HEAD TEACHER : Mr. D. W. Norton.

Singleton Hall Residential Special School for Physically Handicapped Boys (Senior), Singleton.

MATRON : Miss L. E. Cooper.
HEAD TEACHER : Mr. J. H. Fortescue (Resigned 30/4/62.)
Mr. J. F. Nyland (Appointed 1/9/62.)

LANCASHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

SCHOOL HEALTH SUB-COMMITTEE

FIFTY-FOURTH ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year ended 31st December, 1962.

To the Chairman and Members of the Lancashire Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the report of the School Health Service for the year 1962. The report contains details of the various branches of the service, including the work that is being done for children who are handicapped.

The total number of periodic inspections was 86,619. The inspections again showed that the general standard of health of school children in Lancashire has been well maintained. At these inspections the school doctor endeavours to obtain as full a picture of the child as possible, bearing in mind the information provided by parent and teacher. It is significant that 31,439 parents accompanied their children on these occasions. The doctor also sets out to discuss defects of any kind requiring treatment, whether or not they have been detected previously.

The Committee will be interested to read the preliminary report of Dr. Joyce Leeson on a pilot scheme regarding an alternative method of inspecting school children.* This medical officer, working jointly on the staff of the Principal School Medical Officer and in the Department of Social and Preventive Medicine, Manchester University, carried out the investigation in the Leigh area and the results are very promising. A more detailed report will be available later.

(*see Appendix I, page 89)

The improvement in the child guidance service mentioned in the last report has been maintained. New clinics have been set up jointly with the Councils of the County Boroughs of Rochdale and Wigan, following the appointment of a consultant child psychiatrist for the area by the Manchester Regional Hospital Board. A new clinic has also been opened in Lancaster, filling a long felt need to provide for children in the northern part of the County. The service is also benefiting increasingly from the Committee's training scheme for educational psychologists and psychiatric social workers.

A great variety of health education is carried out in the schools and in 1962 a scheme of particular interest, mentioned in the report, was that relating to dental health education in young children. The problem of arresting decay in children's teeth, through better parental care, has so far proved to be well nigh insoluble and this experiment at least indicates a fundamentally different approach which could be fruitful.

The special residential schools administered by the Committee continue to play a most vital part in providing for the care and treatment of delicate, epileptic and physically handicapped children. In such a large school population it is inevitable that problems of the utmost difficulty are presented from time to time requiring much care and thought for their solution. It speaks volumes for the success of the efforts of the staffs of these schools that the children are so happy and that parents are so gratified in following their progress both educationally and in overcoming their physical handicap.

During the year the headmaster of Singleton Hall, Mr. J. H. Fortescue, who had been with us since the school was first opened in 1951, resigned to take over a new school in another part of the country. His work at the school has been greatly appreciated and we wish him every success in his new post.

I desire once again to express to the members of the County Council the thanks of the Department for their interest in this work. My thanks are due especially to the Education Committee, particularly the members of the School Health Sub-Committee, for their continued interest and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health,
and Principal School Medical Officer.

School Health Department,
East Cliff County Offices,
December, 1963.

(Telephone : Preston 4868)

MEDICAL INSPECTION.

The table below shows the number of maintained schools in the County area on the 31st December, 1962, and the number of children on the roll :—

Type of School	No. of Schools	No. on Roll
Nursery	43	1,938
Primary	1,027	205,429
Secondary (Modern)	193	92,678
(Grammar)	53	32,568
(Technical)	6	1,246
(Comprehensive)	4	6,257
Special (Day)	17	1,630
(Residential)	13	542
TOTAL	1,356	342,288

In addition, periodic medical inspection has been extended to 12 non-maintained schools, the number of pupils on roll being 6,290.

Inspection is carried out almost always in the schools and is of three kinds.

1.—*Periodic.*

The Education Act lays down that a local education authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the authority. These inspections are made on not less than three occasions at appropriate intervals during the period of school life, or at other times thought to be desirable. In the County area periodic examinations, at present take place on the first entry of an infant into a maintained school, at the age of 10 and during the last year at school.

The parents of all day pupils are given the opportunity of being present at the medical inspection and it will be seen from the following table that 31,439 parents were present at the inspections of 86,619 children. The total number inspected has only once been equalled, in 1960. Every encouragement is given to parents to be present at the medical inspection of their children and it is gratifying that so many avail themselves of the opportunity to do so. School medical officers certainly appreciate the value of the parents' co-operation and welcome the chance to meet them on these occasions.

2.—*Special.*

These inspections concern children not due for periodic inspections but who are specially presented for examinations by parents, teachers or school nurses when some defect is suspected.

3.—*Re-inspection.*

This is for children who, at a previous inspection during the year, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1962 :—

Number of Schools in which Periodic Medical Inspection was completed	982
Number of Pupils examined :—	
" Entrants "	33,541
" Second Age Group "	27,951
" Leavers "	25,127
TOTAL	86,619
Number of Special Inspections	33,766
Number of Re-inspections	22,830
Number of Parents present at Periodic Inspections	31,439
Number of Parents present at Special Inspections	14,401

PERIODIC MEDICAL INSPECTION.

Year	No. of Schools in which inspection was completed	No. of Pupils inspected
1962	982	86,619
1961	959	80,019
1960	1,020	86,689
1959	877	69,736
1958	914	70,972
1957	996	79,782
1956	1,019	80,769
1955	1,004	80,340
1954	932	79,798
1953	865	75,761
1952	862	71,328

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Part I (Table B).* Part II, Tables A and B* give a detailed analysis of the defects found at periodic and special inspections.

Physical Condition.

Part I (Table A)* shows the classification of the physical condition of pupils inspected in the periodic age groups under two categories—" Satisfactory (99·21 per cent.) " and " Unsatisfactory (0·79 per cent.)."

Uncleanliness.

One of the most important duties of the school nurses is their work in dealing with uncleanliness. The value of this work lies not only in bringing to light conditions of uncleanliness in children seen by them during their frequent inspections at the schools but also in the opportunity it gives them for personal contact with the parents. This educational work of the nurses among parents continues to be the most potent factor in reducing the incidence of uncleanliness. In 1962 3·2 per cent of children on

* For these tables please refer to Appendix.

the school roll were found to be verminous, a reduction from 3·6 per cent., the figure for the previous year and the lowest ever recorded in the County area. Nevertheless, this is still far from satisfactory despite the time-consuming work of the school nurses entailed in dealing with the minority of families who are persistently verminous. In most cases the school children are re-infested from other members of the family usually the mother or older sisters and unless the health visitor can gain the co-operation of all the members of the family the children can hardly be expected to remain free from pediculosis

Though modern methods of treatment can be most effective when properly applied, progress towards the final elimination of infestation in the population is still slow.

Cleanliness inspections were carried out in the schools during the course of 12,650 visits by the school nurses, an average of 9.5 for each school for the year. At these visits 519,161 examinations were made and 11,010 children were found to be verminous. This was 1,287 fewer than in 1961. At these school visits the nurses also made 206,601 examinations of children in respect of conditions other than verminous infestation and in addition they paid 20,860 visits to homes where they saw parents and/or children on 25,482 occasions.

Comparative figures for the years since 1945 are shown below :—

Year	Percentage of Children verminous on School Roll	Year	Percentage of Children verminous on School Roll
1962	3·2	1953	4·8
1961	3·6	1952	5·8
1960	4·3	1951	6·3
1959	4·2	1950	6·7
1958	4·1	1949	7·0
1957	4·8	1948	6·6
1956	4·3	1947	7·5
1955	4·6	1946	8·7
1954	5·0	1945	10·2

PERCENTAGE OF CHILDREN VERMINOUS ON SCHOOL ROLL IN EDUCATION EXECUTIVE AREAS.

Education Executive Area	1962	1961	1960	1959	1958	Education Executive Area	1962	1961	1960	1959	1958
	%	%	%	%	%		%	%	%	%	%
1	1·47	1·13	2·84	1·94	1·08	8	4·99	4·75	5·24	7·87	5·16
2	2·02	1·46	1·83	1·62	2·05	9	3·51	4·54	4·11	3·38	3·46
3	1·86	1·81	2·17	1·30	2·01	10	1·72	1·72	2·01	3·52	2·71
4	0·97	1·16	1·01	0·85	1·18	11	0·99	1·24	1·50	1·18	2·49
5	1·59	2·43	2·22	2·60	4·46	12	4·17	6·47	3·39	2·93	4·58
6	3·40	2·99	3·77	2·80	2·79	13	3·43	3·75	4·98	6·51	5·58
7	4·09	4·17	4·77	4·33	5·18	14	5·67	6·33	6·63	6·68	8·35

Education Executive Area	1962	1961	1960	1959	1958	Education Executive Area	1962	1961	1960	1959	1958
	%	%	%	%	%		%	%	%	%	%
15	1·40	2·59	7·65	4·16	3·71	23	2·94	3·30	3·74	3·76	4·21
16	5·57	8·74	8·70	6·21	5·40	24	2·45	3·82	4·17	4·28	6·25
17	3·07	2·81	4·14	3·78	3·52	Stretford Excepted District	1·22	1·65	1·73	2·91	2·19
18	4·71	3·55	4·38	8·01	5·84	Widnes Excepted District	5·27	6·15	6·27	7·25	7·47
19	2·49	3·25	2·20	3·00	3·27	Crosby B. Delegated Authority	1·97	1·24	—	—	—
20	5·59	12·36	9·23	5·62	6·29	Huyton U.D. Delegated Authority	6·41	2·66	—	—	—
21	0·58	0·36	0·81	1·59	0·72	Middleton B. Delegated Authority	5·61	2·12	—	—	—
22	2·06	2·00	1·96	4·17	2·89						

This table shows once again the wide variation in different parts of the County though there is a notable reduction in most areas with the highest figures in previous years. It may be noted that in three divisions, 4, 11 and 21, the infestation rate is now less than 1 per cent. Some variation in the standards employed is partly responsible, and this appears to be unavoidable in any large body of school nurses. Some are inclined to disregard for record purposes the child from a good home and who is obviously well cared for, but who happens to have a few nits on one occasion while others have difficulty in recording a child as infested if only one or two nits are present. Every effort is made to encourage the adoption of the same standards throughout the County, but in practice, as is often observed, it is very difficult to eliminate the personal factor.

There is undoubtedly an actual difference in the infestation rate in different areas. The rate in rural areas is lower and it is quite clear from the figures given in the table that on the whole the highest rates are in the most thickly-populated areas, where there are the largest families. In most areas there are a few families which are persistently verminous.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Minor Ailments and Consultation.

The treatment of minor ailments continues to be an important function of the clinic. There has been a fall in the number attending over the last few years consequent upon the availability of the

family doctor for the treatment of these conditions through the provisions of the National Health Service Act. Attendances have since fallen again and in 1962 the number was 99,697 or 10,070 fewer than in 1961. Skin diseases, impetigo, scabies and ringworm form a large proportion of the cases treated though the incidence is very much less than it was only a few years ago. Minor diseases of the ear, nose and throat are also treated in considerable numbers.

The clinics are, in addition, used for consultation between the parent and the school medical officer. As the school nurse is available these consultations can be of great value, perhaps most of all when the nurse is also the health visitor, as is usually the case. There are no better opportunities in the school health service, for education for health, than these consultations with individual parents and it can be said that the majority of school medical officers make the most of these meetings.

In five areas specialists attend for consultation in regard to certain ear, nose and throat conditions that may require treatment in hospital.

Defective Vision and Squint.

Ophthalmic surgeons attend at 70 clinics throughout the County for the purpose of carrying out refractions and, where necessary, prescribing spectacles. The supply of spectacles is the function of the Local Executive Council under the National Health Service Act, 1946, and there is close co-operation between the two departments. 3·80 per cent. of children examined at periodic inspections were found to require spectacles.

Orthoptic Treatment for Squint

Orthoptic clinics were held at Chorley, Eccles, Nelson and Waterloo. The clinic at Leigh has had to be closed, unfortunately, following the resignation of the Orthoptist. A total of 670 children attended for treatment and of these 53 were referred to hospital for operative treatment. Attendance is good and this is helped by the use of the appointments system. In some areas, the practice has been continued whereby the orthoptist visits the children while in hospital, if this is necessary.

The function of the orthoptic clinic is firstly, for diagnosis so that a full assessment of the condition can be made. Only in this way is it possible to decide upon an adequate course of treatment. Secondly, there is the supervision of orthoptic training, where this is the appropriate treatment, either in those cases where no operation is required, or after operative treatment. Age of onset, time elapsing between onset and the start of treatment and the co-operation of patient and parents are all factors bearing upon the suitability for treatment, and its success.

A considerable number of children under school age were brought forward, indicating that the need for early treatment is being more widely appreciated by parents. Some parents, however, ignore a squint for too long, not realizing that deterioration takes place in the squinting eye. In all this work the co-operation of health visitors and school nurses is quite essential, particularly where younger children are concerned, and they do much to help parents to appreciate the value of early treatment.

The following table shows the work done during the year at the orthoptic clinics.

Clinic	Children Treated	Discharged Cured	Discharged Improved	Treatment Suspended	Ceased Attending	Still Attending
Chorley	188	43	—	—	16	129
Eccles	227	57	—	—	19	151
*Nelson	30	15	6	2	—	7
Waterloo	225	24	14	7	13	170
TOTAL	670	139	20	9	48	457

* These figures relate only to those children for whom full orthoptic treatment was required.

Chiropody.

The table below gives details of the Chiropody Services at the clinics where the sessions are held :—

Clinic	Children Treated	Discharged Cured	Discharged Improved	Treatment Suspended	Ceased Attending	Still Attending
Accrington	117	101	9	—	2	5
Ashton-in-Makerfield	50	17	13	—	—	20
Ashton-under-Lyne	150	125	—	2	4	19
Bacup	185	160	—	—	—	25
Chadderton	183	146	—	1	2	34
Clitheroe...	163	135	13	1	3	11
Dalton-in-Furness	122	111	—	—	—	11
Darwen	236	209	7	4	6	10
Davyhulme	125	80	5	—	16	24
Denton	105	74	—	6	9	16
Droylsden	113	85	—	3	8	17
Earlestown	50	13	4	1	2	30
Eccles	366	253	20	10	31	52
Farnworth	135	122	—	—	—	13
Fleetwood	34	24	—	—	1	9
Haslingden	94	78	—	—	2	14
Heywood	46	37	—	—	4	5
Hindley	48	38	—	—	3	7

Clinic	Children Treated	Discharged Cured	Discharged Improved	Treatment Suspended	Ceased Attending	Still Attending
Horwich	108	36	7	2	26	37
Lancaster	137	90	11	14	10	12
Littleborough	51	41	—	—	4	6
Leigh	94	86	—	—	—	8
Lytham (Bath Street)	96	57	14	1	7	17
Morecambe	114	72	12	12	8	10
Mossley	19	13	2	—	2	2
Nelson	172	148	—	—	—	24
Standish	38	29	—	1	1	7
Stretford	117	65	2	5	31	14
Swinton	308	212	17	9	20	50
Thornton Cleveleys	63	39	5	1	4	14
Whitefield	160	130	2	—	10	18
TOTAL	3,799	2,826	143	73	216	541

There has again been an increase in the number of children attending for treatment. The work of the chiropodists has two aspects which are closely related. These are, first, the treatment of minor defects such as a mild degree of hallux valgus, verrucae pedis, corns and defects of nails, and of the lesser toes, and secondly, educational.

Care in the management of footwear and in the hygiene of the feet are matters to which many parents should give a great deal more attention than they do at present.

While it is true that the majority of parents who bring their children to see the chiropodist do their best to act on the advice given and are grateful for it, there are still those who regard as interference any suggestion on the subject of footwear. Some objection from the children themselves is not surprising but the degree to which these parents share the views of their children was certainly unexpected. Mr. J. Andrew Roberton, one of the chiropodists reports that " Many parents will not purchase new shoes for their children when the ones they are wearing are quite unsuitable, i.e. wrong shape, or too short, this latter fault being because the moulded type shoe is so very hard wearing, and the child soon out-grows them whilst they are still virtually ' unworn,' "

He also makes this interesting comment on the moulded shoe :—

" The various fungus conditions found in the feet are more in evidence, and this I believe to be due largely to the type of shoe being worn by children these days, i.e. the moulded sole fused to the upper with no inner sole of leather. This type of shoe is very bad for the feet, as there is no means

whereby the perspiration can evaporate from the surface of the foot—this type of shoe is a natural ' incubator ' and cases of tineal infections are very slow to clear under treatment, and often tend to recur at intervals."

The prevention aspect of their work is emphasised in the reports of many of the chiropodists.

Orthopaedic and Postural Defects.

There are 34 after-care centres in the County area, usually attended monthly by an orthopaedic specialist and as a rule weekly by an orthopaedic nurse. Children are referred to these centres by the school medical officers for treatment under the supervision of the orthopaedic surgeon, either at hospital or at the clinic. Hospital treatment may be either short-stay or long-stay, facilities for education bein provided in the latter case. A large number of children attend the clinics for remedial exercises, mainly for the correction of defects of posture. Others need continued supervision following hospital treatment and after they have returned to school.

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School	Pre-School Children
No. of individual children attended	5,662	2,604
Total number of attendances made	15,041	6,376
No. of children referred to consultant orthopaedic surgeon at hospitals	34	14
No. of children recommended for operative treatment by orthopaedic surgeons at centre or hospital ...	79	16
No of plasters made at centres	41	20
No. of surgical appliances, *e.g.*, boots, irons, etc., supplied through centres	505	226
No. of children given remedial exercises	2,105	847

Defects from which children were suffering

	Children Attending School	Pre-School Children
Paralysis—		
Infantile	26 ...	3
Spastic	70 ...	16
Other	16 ...	8
Deformities—		
Congenital	420 ...	326
Traumatic	39 ...	6
Others	1,061 ...	675
Rickets	— ...	—
Infections	— ...	—
Tuberculosis	— ...	—
Tumours	2 ...	—
Miscellaneous	275 ...	129
	1,909 ...	1,163

School Clinic Attendances.

The following table shows the number of sessions held and the number of attendances made at the 421 departments in 108 school clinic premises :—

	No. of Departments	No. of Sessions	Attendances	
			Pupils in Attendance at School	Pre-School Children
Minor Ailments and Inspection	99	11,313	96,262	3,435
*Dental	96	23,422	154,716	4,876
Orthodontic	9	876	8,073	—
Ophthalmic	71	3,045	31,582	3,496
Orthoptic	4	777	5,232	907
Ear, Nose and Throat	5	76	1,274	143
Orthopaedic	34	2,367	15,041	6,376
Artificial Light	13	846	4,780	2,587
Speech Therapy	58	5,030	26,679	584
Chiropody	31	1,486	15,599	335
Child Guidance	4	1,313	2,206	—
Miscellaneous—				
Asthma	1	22	34	21
TOTAL	425	50,573	361,478	22,760

*In addition Nursing and Expectant Mothers made 9,055 attendances at the Dental Clinics during the year.

The following table shows the location of the School Clinics

	Name of Clinic	Minor Ailments		Dental			Ortho-dontic	Ophthalmic	
		(*a*)	(*b*)	(*a*)	(*b*)	(*c*)	(*a*)	(*a*)	(*b*)
1	Accrington	3,407	102	1,940	44	30	.	653	44
2	Ashton-in-Makerfield	263	3	1,223	3	53	.	560	16
3	Ashton-under-Lyne (Richmond House) ...	2,500	3	.	.	.	.	.	.
4	Ashton-under-Lyne (Cricket's Lane)	.	.	3,973	98	86	.	979	71
5	Aspull	75	6	.	.	.	.	.	.
6	Atherton	626	25	1,185	48	157	.	435	90
7	Audenshaw...	1,018	31	1,610	39	12	.	392	34
8	Bacup	1,452	26	3,904	122	336	.	272	35
9	Bamber Bridge (Walton-le-Dale)	145	3	1,359	99	74	.	469	15
10	Blackburn (Lord Street)	.	.	532	1	1	921	.	.
11	Bromley Cross (Turton)	444	22	643	2	.	.	671	34
12	Carnforth	208	.	1,251	32	81	.	164	9
13	Chadderton (Central)	62	.	.	.	.	.	464	76
14	Chadderton (Eaves Lane)	13	.	2,829	81	220	.	.	.
15	Chorley (Collison Avenue)	1,762	13	3,722	101	215	.	1,076	41
16	Clitheroe	108	.	1,623	38	32	.	369	60
17	Colne	1,576	2	2,208	74	66	.	1,031	93
18	Crompton (Shaw)	255	.	1,219	45	121	.	194	19
19	Crosby (Alexandra Hall)	620	83	2,015	152	18	413	.	.
20	Crosby (Prince Street)	3,442	203	2,432	41	60	.	1,872	291
21	Crosby (Seaforth)	1,768	249	.	.	.	.	.	.
22	Dalton-in-Furness	474	39	1,936	9	116	.	214	39
23	Darwen	1,048	12	3,949	136	247	.	414	70
24	Davyhulme (Urmston)	779	10	1,887	135	78	.	578	79
25	Denton	1,267	21	1,764	29	12	.	.	.
26	Droylsden	1,596	63	2,591	91	173	.	339	17
27	Earlestown (Newton-le-Willows)	309	1	1,093	16	19	.	500	50
28	Eccles	1,273	.	2,902	81	2	.	568	69
29	Failsworth	250	.	1,159	40	88	3,371	196	9
30	Farnworth	2,505	158	2,991	154	184	.	783	42

(*a*) Pupils in Attendance at School ; (*b*) Pre-School Children ;

and the attendances made in the various departments.

Orthoptic		Ear, Nose and Throat		Orthopaedic		Artificial Light		Speech Therapy		Chiropody		Child Guidance	
(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	
.	.	.	.	.	.	467	310	489	1	379	6	.	1
.	.	.	.	.	.	.	.	466	.	278	1	.	2
.	.	.	.	.	.	.	.	1,315	94	.	.	.	3
.	.	.	.	625	300	538	416	.	.	650	.	.	4
.	.	.	.	.	.	.	.	.	.	.	.	.	5
.	.	.	.	.	.	.	.	.	.	.	.	.	6
.	.	.	.	.	.	.	.	.	.	.	.	.	7
.	.	.	.	.	.	.	.	549	4	817	30	.	8
.	.	.	.	.	.	.	.	172	.	.	.	.	9
.	.	.	.	.	.	.	.	.	.	.	.	.	10
.	.	.	.	.	.	.	.	.	.	.	.	.	11
.	.	.	.	.	.	.	.	155	2	.	.	.	12
.	.	.	.	341	185½	90	.	.	.	913½	37	.	13
.	.	.	.	.	.	.	.	850	7	.	.	.	14
1,662	119	.	.	1,039	318	488	29	1,124	1	.	.	.	15
.	.	79	34	.	.	.	.	458	1	363	25	.	16
.	.	.	.	.	.	68	.	.	.	.	.	.	17
.	.	.	.	.	.	.	.	.	.	.	.	.	18
.	.	.	.	.	.	.	.	206	1	.	.	.	19
744	336	707	69	968	543	88	143½	336	5	.	.	.	20
.	.	.	.	.	.	.	.	.	.	.	.	.	21
.	.	.	.	.	.	.	.	182	.	315	27	.	22
.	.	78	26	731	179	.	.	1,006	.	656	62	.	23
.	.	.	.	.	.	.	.	575	30	360	36	.	24
.	.	.	.	.	.	728	1,144	202	6	372	3	.	25
.	.	.	.	.	.	.	.	93	6	335	2	.	26
.	.	.	.	306	159	.	.	559	4	243	2	.	27
1,473	290	.	.	755	162	.	.	212	5	1,571	.	.	28
.	.	.	.	.	.	.	.	.	.	.	.	.	29
.	.	.	.	.	.	.	.	.	.	1,001	.	.	30

(*c*) Nursing and Expectant Mothers.

	Name of Clinic	Minor Ailments		Dental			Ortho-dontic	Ophthalmic	
		(*a*)	(*b*)	(*a*)	(*b*)	(*c*)	(*a*)	(*a*)	(*b*)
31	Fleetwood	237	3	1,862	28	66	.	297	26
32	Formby	410	103	.	.	.	.	.	.
33	Fulwood	2	1	.	.	.	.	252	64
34	Golborne	278	2	1,412	40	98	.	.	.
35	Great Harwood	.	.	1,780	1	17	.	.	.
36	Haslingden	966	1	1,391	7	24	.	.	.
37	Haydock	530	3	1,280	45	225	103	399	44
38	Heywood	412	5	2,628	59	508	.	424	85
39	Hindley	235	10	1,169	32	43	.	317	13
40	Horwich	368	11	1,230	30	14	.	407	40
41	Huyton (Derby Road)	2,354	13	2,852	184	328	.	396	21
42	Huyton (Fairclough Road)	.	.	.	.	.	.	.	.
43	Huyton (Twig Lane)	5,735	38	.	.	.	1,259	656	64
44	Ince-in-Makerfield	846	6	1,061	14	26	.	278	23
45	Irlam (Cadishead)	144	11	863	43	49	.	183	14
46	Kearsley	391	42	1.965	56	68	.	144	33
47	Kirkby (Northwood)	4,553	153	1,794	29	374	.	995	84
48	Kirkby (Southdene)	8,656	402	2,428	48	141	.	404	58
49	Kirkby (Westvale)	3,298	18	2,483	126	274	.	367	45
50	Kirkham	202	11	1,939	35	65	.	.	.
51	Lancaster (Ashton Road)	627	.	4,333	107	46	.	420	15
52	Lancaster (Ryelands House)	840	5	.	.	.	.	.	.
53	Lancaster (Victoria House)	.	.	.	.	.	.	.	.
54	Leigh (Stone House)	315	1	2,093	116	290	.	559	.
55	Leyland	244	7	1,896	42	359	.	458	57
56	Litherland (Sefton Avenue)	.	.	.	.	.	.	.	.
57	Litherland (Sefton Road)	1,226	.	2,277	41	388	202	364	20
58	Littleborough	590	4	482	1	25	.	231	27
59	Little Hulton (Worsley)	447	9	1,519	189	200	.	257	63
60	Little Lever	533	66	584	23	27	.	.	.

(*a*) Pupils in Attendance at School ; (*b*) Pre-School Children ;

Orthoptic		Ear, Nose and Throat		Orthopaedic		Artificial Light		Speech Therapy		Chiropody		Child Guidance	
(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	
.	.	.	.	505	189	.	.	466	13	72	8	.	31
.	.	.	.	.	.	.	.	189	1	.	.	.	32
.	.	.	.	.	.	.	.	180	18	.	.	.	33
.	.	.	.	61	36	.	.	482	.	.	.	.	34
.	.	.	.	.	.	.	.	.	.	.	.	.	35
.	.	.	.	.	.	656	138	.	.	464	2	.	36
.	.	.	.	219	178	.	.	.	.	.	.	.	37
.	.	.	.	240	268	.	.	392	.	124	10	.	38
.	.	.	.	.	.	.	.	.	.	340	.	.	39
.	.	.	.	277	22	.	.	66	.	710	.	.	40
.	.	.	.	.	.	.	.	.	.	.	.	.	41
.	.	.	.	.	.	.	.	590	14	.	.	1,436	42
.	.	.	.	.	.	.	.	.	.	.	.	.	43
.	.	.	.	.	.	.	.	473	.	.	.	.	44
.	.	.	.	137	37	.	.	.	.	.	.	.	45
.	.	.	.	144	12	.	.	.	.	.	.	.	46
.	.	.	.	78	47	.	.	1,137	48	.	.	.	47
.	.	.	.	.	.	.	.	648	23	.	.	.	48
.	.	.	.	314	202	.	.	520	.	.	.	.	49
.	.	.	.	.	.	.	.	292	5	.	.	.	50
.	.	.	.	774	197	.	.	.	.	663	18	.	51
.	.	.	.	.	.	.	.	884	5	.	.	.	52
.	.	.	.	.	.	.	.	.	.	.	.	27	53
.	.	.	.	.	.	.	.	542	.	560	.	.	54
.	.	.	.	130	41	63	39	.	.	.	.	.	55
.	.	.	.	807	270	.	.	280	39	.	.	.	56
.	.	.	.	.	.	.	.	.	.	.	.	.	57
.	.	.	.	.	.	.	.	445	.	212	.	.	58
.	.	.	.	.	.	.	.	105	.	.	.	.	59
.	.	.	.	.	.	.	.	.	.	.	.	.	60

(*c*) Nursing and Expectant Mothers.

	Name of Clinic	Minor Ailments		Dental			Ortho-dontic	Ophthalmic	
		(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
61	Longridge	110	16	1,623	47	23	.	147	31
62	Lytham (Bath Street)	58	27	565	29	.	.	.	.
63	Lytham St. Annes	47	27	1,217	8	.	.	340	21
64	Maghull	345	16	2,432	24	71	418	.	.
65	Middleton (Durnford Street)	637	.	2,638	25	.	.	554	17
66	Middleton (Langley)	3,507	.	3,074	8	38	.	484	50
67	Milnrow	769	2	436	.	.	.	.	.
68	Morecambe (Euston Road)	900	.	1,925	39	23	.	218	6
69	Morecambe(Trumcar Lane)	430	.	.	.	.	.	.	.
70	Mossley	1,020	10	891	15	11	.	208	34
71	Nelson (Carr Road)	1,290	19	.	.	.	.	.	.
72	Nelson (Manchester Road)	310	11	1,345	24	1	.	919	122
73	Ormskirk	1,126	133	1,325	62	161	.	.	.
74	Orrell	44	.	1,131	.	26	.	452	30
75	Oswaldtwistle	471	12	769	18	27	.	276	24
76	Padiham	383	6	1,464	7	.	.	254	46
77	Penwortham	105	2	2,563	90	63	.	241	33
78	Poulton-le-Fylde	147	1	1,261	67	23	.	.	.
79	Prescot	1,121	8	1,993	91	276	.	199	26
80	Preston (Spring Bank)	.	.	778	2	.	820	.	.
81	Prestwich	82	16	793	14	2	.	430	58
82	Radcliffe	1,359	35	1,262	16	9	.	397	119
83	Rainford	81	148	336	23	81	.	.	.
84	Ramsbottom	347	45	884	53	39	.	328	48
85	Rawtenstall	532	7	1,827	56	342	.	429	122
86	Rishton	25	4	1,162	7	29	.	278	20
87	Royton	250	.	1,553	19	101	.	172	25
88	Standish-with-Langtree	96	4	951	29	97	.	230	8
89	Stretford (Old Trafford)	1,029	2	1,194	81	159	.	400	17
90	Stretford (Mitford Street)	1,205	61	3,099	484	161	.	.	.

(*a*) Pupils in Attendance at School ; (*b*) Pre-School Children ;

Orthoptic		Ear, Nose and Throat		Orthopaedic		Artificial Light		Speech Therapy		Chiropody		Child Guidance	
(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	
.	.	.	.	.	.	.	.	.	.	.	.	.	61
.	.	.	.	496	132	.	.	198	38	222	.	.	62
.	.	.	.	.	.	.	.	337	8	.	.	.	63
.	.	.	.	227	76	.	.	265	38	.	.	.	64
.	.	.	.	444	185	40	12	399	3	.	.	.	65
.	.	.	.	.	.	.	.	229	1	.	.	.	66
.	.	.	.	.	.	.	.	.	.	.	.	.	67
.	.	.	.	877	151	.	.	683	25	580	7	.	68
.	.	.	.	.	.	.	.	.	.	.	.	.	69
.	.	.	.	.	.	530	148	.	.	66	.	.	70
.	.	.	.	394	233	.	.	1,440	.	1,057	10	.	71
1,353	162	.	.	.	.	.	.	.	.	.	.	.	72
.	.	.	.	573	380	.	.	342	26	.	.	.	73
.	.	.	.	.	.	.	.	.	.	.	.	.	74
.	.	.	.	.	.	.	.	.	.	.	.	.	75
.	.	.	.	.	.	.	.	.	.	.	.	.	76
.	.	.	.	513	141	.	.	.	.	.	.	.	77
.	.	.	.	.	.	.	.	188	9	.	.	.	78
.	.	.	.	379	195	.	.	.	.	.	.	.	79
.	.	.	.	.	.	.	.	1,673	23	.	.	210	80
.	.	.	.	.	.	.	.	.	.	.	.	.	81
.	.	.	.	.	.	.	.	.	.	.	.	.	82
.	.	.	.	.	.	.	.	.	.	.	.	.	83
.	.	.	.	.	.	.	.	59	.	.	.	.	84
.	.	.	.	308	308	333	113	490	1	.	.	.	85
.	.	.	.	458	133	.	.	.	.	.	.	.	86
.	.	.	.	.	.	.	.	274	1	.	.	.	87
.	.	.	.	.	.	.	.	.	.	125	18	.	88
.	.	162	8	558	391	.	.	339	31	510	4	.	89
.	.	.	.	.	.	.	.	535	10	.	.	.	90

(*c*) Nursing and Expectant Mothers.

	Name of Clinic	Minor Ailments		Dental			Ortho-dontic	Ophthalmic	
		(*a*)	(*b*)	(*a*)	(*b*)	(*c*)	(*a*)	(*a*)	(*b*)
91	Stretford (Trafford Park)	65	2	.	.	.	.	.	.
92	Stretford (Lostock)	610	109	.	.	.	.	.	.
93	Swinton (Folly Lane)	.	.	897	20	30	.	.	.
94	Swinton (Victoria Park)	1,705	.	2,196	41	20	.	556	72
95	Thornton Cleveleys	355	14	1,254	72	41	.	232	36
96	Tottington	234	13	.	.	.	.	.	.
97	Tyldesley	322	20	1,094	21	227	.	382	49
98	Ulverston	267	.	3,184	79	318	.	409	67
99	Up Holland	22	.	.	.	.	.	.	.
100	Walkden (Worsley)	640	2	1,005	49	81	.	233	103
101	Westhoughton	322	6	1,668	33	86	.	529	97
102	Whitefield	618	74	1,751	94	55	.	381	47
103	Whitworth	397	1	.	.	.	.	.	.
104	Widnes (Ditton)	1,039	46	.	.	.	.	.	.
105	Widnes (Kingsway)	6,565	499	5,223	122	298	566	903	69
106	Widnes (Mill Brow)	897	37	.	.	.	.	.	.
107	Woolston Padgate...	709	.	1,649	65	298	.	.	.
108	Mobile Dental Unit	.	.	692	.	.	.	.	.
	Total	96,262	3,435	154,716	4,876	9,055	8,073	31,582	3,496

(*a*) Pupils in Attendance at School ; (*b*) Pre-School Children ;

Orthoptic		Ear, Nose and Throat		Orthopaedic		Artificial Light		Speech Therapy		Chiropody		Child Guidance	
(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	
.	.	.	.	.	.	.	.	.	.	.	.	.	91
.	.	.	.	.	.	.	.	.	.	.	.	.	92
.	.	.	.	.	.	.	.	.	.	.	.	.	93
.	.	248	6	299	162	691	95	887	24	1,010	16	.	94
.	.	.	.	.	.	.	.	258	3	189	3	.	95
.	.	.	.	.	.	.	.	362	.	.	.	.	96
.	.	.	.	318	122	.	.	.	.	.	.	.	97
.	.	.	.	330	91	.	.	187	.	.	.	.	98
.	.	.	.	.	.	.	.	.	.	.	.	.	99
.	.	.	.	.	.	.	.	110	.	.	.	.	100
.	.	.	.	.	.	.	.	35	.	.	.	.	101
.	.	.	.	416	331	.	.	509	3	442	8	533	102
.	.	.	.	.	.	.	.	.	.	.	.	.	103
.	.	.	.	.	.	.	.	.	.	.	.	.	104
.	.	.	.	.	.	.	.	840	7	.	.	.	105
.	.	.	.	.	.	.	.	.	.	.	.	.	106
.	.	.	.	.	.	.	.	.	.	.	.	.	107
.	.	.	.	.	.	.	.	.	.	.	.	.	108
5,232	907	1,274	143	15,041	6,376	4,780	2,587	26,679	584	15,599	335	2,206	

(*c*) Nursing and Expectant Mothers.

THE SCHOOL HEALTH SERVICE AND OTHER HEALTH SERVICES.

In Lancashire the integration of the health services has always been regarded as a matter of first importance. With this end in view the medical staff, both at the central office and outside, undertake duties in connection with the National Health Service Act, the Public Health Acts, embracing the environmental services, and the National Assistance Act, in addition to the School Health Service. The County Medical Officer of Health is the Principal School Medical Officer and is also the Chief Welfare Officer.

Divisional medical officers are also divisional school medical officers for the whole of their areas. Since there are only 17 health divisions and three delegated health authorities but 24 education divisions, two excepted districts and three delegated education authorities, most of these medical officers have school health responsibilities in more than one education division or delegated authority but this does not give rise to undue difficulty.

The following table shows the relationship in 1962 between Health and Education Divisions :

Health Division or Delegated Health Authority	Education Executive Area or Delegated Education Authority	
	Whole	Part
1	1	—
2	—	2
3	—	3
4	10	2, 3, 4, 5, 14
5	7	5, 9
6	6	5
7	11, 12	4
8	13	14
9	16, Widnes Ex. Dist.	—
10	17	—
11	15	9, 14, 18
12	19	8
13	—	8, 20
14	23	20
15	22	18
16	21, Stretford Ex. Dist.	—
17	24	—
Crosby B.	Crosby B.	—
Huyton U.D.	Huyton U.D.	—
Middleton B.	Middleton B.	—

Another important way by which the health services are integrated is through the employment of divisional medical officers or their assistants as medical officers of health of County Districts. There are 109 districts in the County area and in 93 of these medical officers on the staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but they have responsibilities also in the care of expectant and nursing mothers and children of pre-school age.

The same principle applies to the nursing staff, the great majority of whom are both school nurses and health visitors. A number of nurses appointed for school work only, have subsequently taken the health visitors training course and have later joined the County staff as school nurses/health visitors.

There is every sign that the policy of the Education and Health Committees over the years should continue of appointing nurses to serve in both these capacities. The advantages are many, not merely in administration but more particularly to the children and their parents.

Health Education.

There is close co-operation with the health education section of the Health Department and suitable visual aids, films, models and flannelgraphs were supplied for 441 specially arranged talks in infants', junior and senior schools. These were given, in the main, by the school nurses and medical officers and the wide range of subjects covered will be seen from the following list.

Subject	No. of talks
Feet and posture	8
Hygiene	96
Mothercraft	153
Dental hygiene	61
Home safety	13
Immunisation, vaccination and infectious diseases	6
Work of the health visitor, etc.	4
First aid and anatomy	34
General health	20
Smoking and lung cancer	18
Growing up	28

Health education should form an integral part of every child's education and any time allocated specifically for this purpose is well spent. It is however, not merely a subject which should be presented if there is time ; it should be ever present in the minds of teachers, parents, doctors, nurses and all who are concerned with children. The staff of the School Health Service can help in many ways and they are very conscious of the important part played by teachers, many of whom are doing excellent work.

An Experiment in Dental Health Education.

In last year's report reference was made to the fact that ordinary methods of dental health education had been singularly unsuccessful, if we are to judge by the present state of children's teeth. It is now fairly obvious that no amount of telling children what to do, or what not to do, about their teeth,

will achieve this result, and it looks very much as if only the children themselves can do this if they can be brought to realise that teeth are just as important as many other parts of the body and are well worth caring for if we want to be healthy. If we could stimulate in children an awareness and interest in their teeth, and in their proper care, it is possible that improved dentition would follow as a matter of course.

It was clear from the start that in making any attempt to approach children successfully in a matter of health education of this sort we should, in the long run, be dependent upon the full co-operation of teachers. For one thing the children know their teacher with whom they have daily contact. This is important, for health education with children is something which should be in the minds of the teachers, and of parents, day by day and not, for the most part, a special subject to be dealt with on a special occasion. For another thing, teachers, after all, have been trained to teach, which is more than can be said for doctors, dentists or nurses, good though some of them may be.

The Scheme

The plan finally adopted was that ten school health visitors in different parts of the County should visit infants' schools in their area. They would give three talks to all children during their first year at school, one talk of approximately 15 minutes being given each term to a group of not more than 20 infants and no more than two groups to be taken at any one visit to the school. The idea behind the plan was that while the school health visitor would introduce the subject of dental care to the children, in her talks at school, it was hoped that the vital follow up, both between the talks and afterwards, would be carried out by the teachers.

With this in view it was felt that anything that could be done to assist the school nurse in conducting her talks with groups of infants at school would be beneficial and the help was sought of the tutor in infant teaching at one of the teacher training colleges. This turned out to be a most valuable move. The tutor met the school nurses concerned at a full day conference which was called to clarify the various details of the scheme. She was able to explain many practical points in approaching infants and gave them detailed guidance and suggestions for their three talks. The nurses found their meeting with the tutor most stimulating and they undoubtedly learnt much from her. The result was that they played their part in the scheme with a good deal more confidence than they would have had otherwise. The tutor herself was quite enthusiastic about the whole plan and thought it had great possibilities.

The underlying principle in the talks was to help young children to develop an awareness of their teeth, to understand that teeth are part of the living body, that they have special uses and that they must be cared for properly if they are to do their work well. The single idea of the first talk was " Growth," showing that all living things grow, as also do the different parts of the body, including teeth. The requirements for growth were discussed and this allowed some simple experimentation, such as peas in a jar, to be introduced, in which the children could take part with the help of the teacher.

The second talk concerned the uses of teeth and the design of different kinds of teeth to suit different purposes. An interesting diversion raised the question of how animals manage to preserve their teeth so well. The final talk was devoted to the care of the teeth and the subject of decay, and what happens to teeth that are not properly cared for. This brought in dental care and the right foods for good teeth.

An essential feature of all these group talks was that the school health visitors were supplied with plenty of material, by the Health Education section of the Public Health Department, for example, illustrated wall stories and outline painting books to leave with the teachers for their use in the follow-up.

The Scheme in Operation

The talks were eventually carried out more or less as planned and the experience of those who took part was of great interest. The head teachers and, equally important, the class teachers were most enthusiastic about the idea and gave their full co-operation. This was no surprise. When the school nurses made their second and third visits to the schools many of the teachers were able to inform them of their efforts in the way of follow-up since that last talk was given. Many teachers succeeded admirably in keeping the subject of teeth alive in the minds of the children and the nurses were often highly gratified, on their later visits, to find how keen the children were to continue the story from the previous talk. One common practice was for the teacher to get the children to make their own model food shops, providing ample opportunity for discussing the value of different foods. The models, of course, were made at home and teachers expressed their astonishment, in some cases, at the care that had been taken over the making of the models.

One teacher made a tape recording of the nurse's talk for later use. The class teachers were not, of course, normally present. On one occasion, however, when not only the teacher but an H.M.I. were also present, the nurse after starting her talk with considerable misgiving found that the children were oblivious to everything else. Another teacher used puppets made by herself, an attractive variation in her scheme of follow-up.

Many of the parents showed great interest in what was happening, judging by the comments they made to teachers and others. It was obvious that these small children thought a good deal about what they had been discussing, first with the school health visitor and later with the teacher. The questions they asked and the comments made in the home left no doubt of that. However, it may have been an exceptional child of six who, according to the mother, said to her one day "Mummy, how do you expect me to keep my teeth good when you run out of carrots?"

A New Approach

Though it was originally intended by the use of something in the way of a questionnaire covering not only these infants but also control groups in other areas, to try and assess the value of this work, it was not possible, for various reasons, to do this. The real value of the experiment, however, was as a pointer to a fresh way of approaching this important matter of dental health in the hope that children themselves, from an early age, might really want to look after their teeth. The usual methods have so far failed and the experiment described does seem to suggest a more promising line of action. Children, like adults, are most likely to do what they want to do and what they see good reason for doing ; much more likely than accepting what appears to them something very like an instruction, too often, unfortunately, in the name of health education.

Infectious Diseases.

The following table shows the number of notifications of infectious diseases during the year 1962, among children aged 5-14 inclusive.

CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1962.

Disease (Age 5–14)	M.	F.	Total
Scarlet Fever	232	230	462
Whooping Cough	41	53	94
Acute Poliomyelitis (Par.)	1	1	2
Acute Poliomyelitis (Non-Par.)	—	—	—
Measles (excluding Rubella)	2,911	2,840	5,751
Diphtheria	—	—	—
Dysentery	556	539	1,095
Meningococcal Infection	5	3	8
Acute Pneumonia	25	23	48
Smallpox	—	—	—
Acute Encephalitis (Infective)	1	—	1
Acute Encephalitis (Post Infective)	1	—	1
Enteric or Typhoid Fever	—	1	1
Paratyphoid Fevers	—	—	—
Erysipelas	1	2	3
Food Poisoning	26	24	50
Tuberculosis (Respiratory)	20	21	41
Tuberculosis (Meninges and C.N.S.)	3	1	4
Tuberculosis (Other)	6	9	15

Immunisation against Diphtheria.

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus, whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions, arranged by the respective divisional medical officers, are held periodically at school clinics, child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups in the Administrative County Area who completed a full course of primary immunisations or were given a reinforcement injection during 1962.

Antigen used	Primary Immunisation			Reinforcement Injections		
	Age and date of final injection			Age group		
	Under 5 years	5–14 years inclusive	Total 0–14 years	Under 5 years	5–14 years inclusive	Total 0–14 years
Diphtheria only	184	960	1,144	206	9,799	10,005
Whooping cough only	19	3	22	3	6	9
Diphtheria and whooping cough (combined)...	193	66	259	44	307	351
Diphtheria, whooping cough and tetanus (combined)	27,334	725	28,059	5,657	3,661	9,318
Diphtheria and tetanus (combined)	311	1,680	1,991	718	8,569	9,287
Tetanus only	64	605	669	7	71	78

The table below shows the number of children under 15 years of age at the 31st December, 1962, who had completed a course of immunisation at any time before that date (*i.e.*, at any time since 1st January, 1948) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and have not since been reinforced by booster doses of antigen. By expressing the numbers in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1962, as a percentage of the population in that age group, an immunity index is provided.

Age at 31st December, 1962, *i.e.*, born in year	Under 1 1962	1–4 1961–58	5–9 1957–53	10–14 1952–48	Under 15 Total
Last complete course of injections (whether primary or booster)— A.—1958–62	11,842	109,411	102,607	67,954	291,814
B.—1957 or earlier	—	—	45,716	89,171	134,887
C.—Estimated mid-year child population	38,700	143,300	327,300		509,300
Immunity Index : $\frac{100\,A}{C}$	30·6	76·4	52·1		57·3

From the above, it will be seen that of a school population of 327,300, 305,448 or 93·32 per cent. had at some time completed a course of immunisation. Of these 170,561 or 52·11 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1962, and may, therefore, be regarded as possessing a high degree of immunity. The remaining 134,887 children between the ages of five and 15 years or 41·21 per cent. of the school population had at some time prior to 1958 received a course of immunisation but, whilst some residual protection remained, these could not be regarded as possessing a satisfactory degree of immunity.

Vaccination against Tuberculosis.

(*a*) Contacts.—Since 1949 B.C.G. vaccination of suitable contacts of cases of tuberculosis infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the number of children aged two to 14 years inclusive examined and tested for suitability for B.C.G. vaccination and the number actually vaccinated during 1962 :—

	2-4 inclusive	5-14 inclusive	Total
Number of children tested for suitability for B.C.G. vaccination	541	979	1,520
Number of children vaccinated	437	759	1,196

(*b*) School children.—In 1954 the County Council's proposals were amended to provide for the B.C.G. vaccination of school children between their thirteenth and fourteenth birthdays, who were shown as a result of tuberculin test to be suitable, and whose parents consented to the vaccination.

The following table summarises the results of B.C.G. vaccination programmes completed during the year :—

No. of Schools Completed	Number of Parents' Consent Forms			Number of Children			
	Sent to Parents	Returned		Tuberculin Test Performed	Tuberculin Test Positive	Tuberculin Test Negative	Vaccinated with B.C.G.
		Refused	Consented				
206	22,316	4,906	16,209	15,101	2,723	11,927	11,773

Vaccination against Poliomyelitis.

In 1962 vaccination against poliomyelitis was offered to all children under 15 years of age (excluding infants under six months). During the year 53,897 children received primary vaccination, of whom 25,951 were of school age.

HANDICAPPED PUPILS.

It is the duty of the local education authority to make suitable provision for handicapped pupils in the area. There are 10 categories, as follows :—

Blind	Physically Handicapped
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Speech Defects
Delicate	Educationally Sub-normal

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories continue their education at ordinary schools when suitable arrangements are made for them appropriate to their handicap.

Not long ago there were many severely handicapped children for whose education there was no provision. Now, with few exceptions, these children are admitted to our own schools and severity of the handicap is no bar provided the child is thought to be educable, or, in some cases, worth a trial.

County children who are blind, partially sighted, deaf, partially deaf and maladjusted who need education in a special school are admitted to schools administered by other local education authorities or voluntary bodies. Those who are physically handicapped or epileptic and need special school education are mostly admitted to the Committee's schools and this applies also to the junior delicate children. The four itinerant teachers of the deaf form an important part of the facilities for the partially deaf. Provision for educationally sub-normal pupils is not the responsibility of the School Health Sub-Committee.

The following pages show the extent and the kind of facilities now provided for handicapped children by the Committee.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in the Appendix III. It will be seen that the general position is satisfactory.

Home Tuition.

There are some handicapped children who, during the waiting period for admission to residential schools, are provided with education in their own homes and occasionally this arrangement is also made in the light of other special circumstances. Unfortunately some parents, even of older children, are over-anxious that education should be received in this way, rather than through a special school. Though it has its place, home education is nearly always a second best. Children need the companionship of their fellows for their satisfactory emotional development and are happiest if they spend much of their time, whether at work or at play, with others of approximately the same age.

At the same time, there are some parents who honestly feel that it is best for their handicapped child to live at home, whatever the difficulties entailed, and it is right that this view should be fully appreciated.

Although in some cases it is most difficult to find an appropriate home teacher, altogether in 1962, 106 children received home tuition.

PARTIALLY DEAF PUPILS.

At the end of 1962 there were five peripatetic teachers of the deaf including Mr. B. Fisher who took over the area supervised by Mr. E. R. Wall, the senior teacher of the deaf, when he was seconded to Manchester University for the Audiology Diploma course. These teachers fill a most important place in the Committee's arrangements for dealing with those children who are handicapped by a defect of hearing. The impairment of hearing in these children is not, of course, so severe as to necessitate their education in a special school for the deaf, where methods are used for children who have never acquired speech naturally. At the same time their defect may be quite sufficient to interfere appreciably with their educational development if some action is not taken to provide them with additional help. By using hearing aids and, perhaps, by providing educational assistance in different ways the majority of these children are able to continue their education at an ordinary school without detriment to their progress. Many of them would otherwise have to be admitted to a special school for the partially deaf and for a few seriously partially deaf children this is still the only satisfactory solution.

The teachers are concerned on the one hand with the assessment of the degree of deafness and on the other, with the provision of the right kind of educational help.

An attempt is made to test the hearing of all children at the age of five years. This is done using the comparatively rapid sweep test. In addition, children suspected of deafness are referred to these teachers by medical officers and others, for the accurate measurement of the extent of hearing loss. Hearing can often be restored by medical treatment but in those cases where it cannot, the peripatetic teacher is in a position to help children to overcome their difficulty. The teacher is well placed to undertake this responsibility for not only has he a detailed knowledge of the child's hearing defect, he is also aware of the problems met by many in using a hearing aid, while as a teacher he can discuss the educational problems of individual children with their teachers and their parents. He recommends to the medical officer which children would benefit from lip-reading instruction and is able to set up classes for this purpose where they are most needed. Children normally attend once or twice a week for a term and sometimes for a second term.

Miss M. J. Hewitt has continued her work in the northern part of the County. She also attends the diagnostic clinic set up in Fulwood by the Health Committee for children under school age, some of whom she visits in their own homes where she gives advice and help to the parents.

During 1962, over 33,000 children who had their sixth birthday in the school year were assessed by sweep test.

Miss Hewitt mentions in her report the value of loaning auditory training units to parents of young deaf children. She states :—

> " Parents are shown, at home, how to use these units and given guidance in the type of material to use ; how long to use the units at one sitting, etc. and they can become skilful in using them effectively. Thus the child can be given a wider experience of amplified sound more frequently than the weekly or fortnightly visit of the teacher of the deaf. One eighteen month old child accepted her individual aid without any difficulty due, in no small part, to a period of training with the auditory training unit which her mother gave her twice a day.

Some of the pre-school children were visited at nursery schools or classes and valuable contacts have been made with the staffs."

The following extract is taken from Mr. E. R. Wall's report :—

" Educational assistance to children with impaired hearing has enabled most of them to make more than adequate progress in their original schools. Several children have successfully passed the eleven plus selection and are now attending grammar schools. Provisional reports indicate that at least two are making extremely good progress in spite of quite severe hearing loss.

" During the year a few children whom it was considered were not making adequate progress were recommended for admission to special schools for the deaf or partially deaf. In these cases the hearing impairment was accompanied by poor innate ability. This unfortunate combination is extremely difficult to handle on a peripatetic, part time, basis and full time special education is almost always necessary although it frequently takes several years to convince the parents of this.

" The planned provision of units for children with impaired hearing within ordinary schools, starting in 1963, will enable more comprehensive provision to be made so that it will be possible to select from peripatetic supervision, unit training (long or short term), or residential special school for deaf or partially deaf, the most suitable provision for a particular child, taking into account hearing loss, linguistic ability and social development, home environment and other relevant factors. It has long been recognised that the alternatives of special school or peripatetic supervision is too broad to be entirely satisfactory."

All the teachers feel the need for more and more time in this work, particularly for the younger children.

The table below shows the number of children with whom these teachers have been concerned during the course of the year.

Teacher of the Partially Deaf	Number of Children tested by Sweep Test	Number of Assessments including Pure-Tone Audiometric Tests	Number of Children who received Educational Assistance including Lip Reading
Mr. J. J. Finigan	9,754	2,327	65
Mr. B. Fisher	—	253	38
Miss M. J. Hewitt	7,896	1,869	79
Miss H. G. Johnson	9,155	2,139	81
Mr. E. R. Wall	7,094	1,411	41
TOTAL	33,899	7,999	304

DELICATE PUPILS.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for junior boys and girls, and through five day special schools in Darwen, Nelson, Stretford, Swinton and Widnes. Arrangements are also made when necessary for children to be admitted to various residential special schools administered by other local education authorities and voluntary bodies, and to convalescent homes for shorter periods.

Broughton Tower.

The numbers attending in 1962 are given below :—

Resident in school on January 1st	35
Admitted during the year	60
Discharged during the year	65
Resident in school on December 31st	30

The following report has been received from Dr. S. B. Darbishire, school medical officer in the area, who is in clinical charge of the children :—

Admissions.

" The following table gives details of the 60 children admitted to the school in 1962 of whom 31 were boys and 29 girls.

Diagnosis	No. of Children	Per cent.
Asthma	26 ...	43·4
Bronchitis	17 ...	28·4
Bronchiectasis	3 ...	5·0
General Debility and Malnutrition ...	12 ...	20·0
Anaemia	1 ...	1·6
Post Scarlatinal Carditis	1 ...	1·6

" Three children were re-admitted during the year all of whom were suffering from Asthma.

" Fifty-eight children (97%) suffered from one of the four common conditions seen in children admitted to this school—viz.: Asthma, Bronchitis, Bronchiectasis and General Debility. The remaining two children suffered from the conditions shown in the table.

" The average age on admission was 8 years 7 months. This is the same as last year

" Length of stay varied from 3 months to 15 months, the average being 8¼ months.

Comparison of weights on Admission and Discharge of Children discharged during 1962.

	1962 %	1961 %	1960 %	1959 %
Underweight on admission ...	60 ...	64 ...	65 ...	76
Underweight on discharge ...	20 ...	36 ...	38 ...	35
Normal weight on admission ...	40 ...	36 ...	35 ...	24
Normal weight on discharge ...	80 ...	64 ...	62 ...	65

" A large proportion of the children admitted to the school were again underweight for their age but as the table shows there has been a steady decrease in the percentage during the past four years. All the children showed some gain in weight during their stay and the majority of them had weights within the normal limits for their age when they went home.

" The marked increase in weight gain of the children at Broughton Tower is illustrated in the following table.

Age in years on admission	Number of children	Average weight increase per month of normal children*	Average weight increase per month at Broughton Tower	Percentage increase above average
6	4	5·7 oz.	12·4 oz.	117
7	13	6·6 oz.	10·8 oz.	64
8	12	6·7 oz.	14·5 oz.	116
9	14	8·8 oz.	20·0 oz.	127
10	17	8·0 oz.	18·7 oz.	134
11	5	12·3 oz.	26·5 oz.	115

* from Holt's " Diseases of Infancy and Childhood."

Follow-up Reports.

" An examination of each child is carried out 6 months after his discharge in order to determine how he has fared since his return home and to advise whether he is fit to remain in normal schooling or if he requires further rehabilitation.

" This record is based on replies received from divisional medical officers and relates to children discharged between July, 1961 and April, 1962. There were 55 children discharged during this period and 51 replies have so far been received. One child has gone out of the country.

Improved	29 ...	56·8%
Remained stationary	15 ...	30·0%
Deteriorated	7 ...	13·2%

" The follow up reports indicate that 78·4% of all those discharged remain fit for ordinary schooling. About half the remainder are felt to require a further period at a special School. So far only one of these children has been re-admitted but as the others are mostly near the upper limit of the admission to a primary school they may have gone elsewhere.

" We are indebted to Dr. M. B. Morris, Consultant Paediatrician ; Mr. J. Magill, E.N.T. Surgeon ; the dental officer and ophthalmologist of the County Staff and to Dr. B. Dawson of Broughton-in-Furness who provides general practitioner services for the children and staff, for their help and co-operation during the year.

" During the year there have been two medical staff changes. Dr Robinson who has served the school for five years as Medical Officer left to take a new post in Scotland. Dr. W. G. Southern who has provided practitioner services to the school since its beginning has retired from Broughton-in-Furness and to both of them we extend our grateful thanks and good wishes for the future.

" Miss Ward was appointed the matron of Broughton Tower in succession to Miss G. Ethall, during the year, and under her inspiration several new additions to the school's activities have been started."

The following is a report by the head teacher, Mr. E. G. Sharples :—

" There was the usual wide range of ability and attainment which we have come to expect. Many children, especially those with asthmatic conditions, are often backward due to considerable absences from their own schools. Generally these children make good progress at Broughton Tower, mainly because their better health ensures a good school attendance. There is a recurring problem of adapting a fairly wide range of abilities and ages into three groups, but the difficulties are partially offset by an individual approach in the teaching and a degree of mobility between groups. Considerable help is given by the reports from head teachers which are provided when children are first admitted. This enables a quick assessment of a child's ability and potential. Personal letters from head teachers have proved particularly valuable. This correspondence is proving a useful link between schools when children are discharged.

" The bad weather during the summer curtailed several proposed outings but a successful visit was made to Furness Abbey and Walney Island. A good number of expeditions were made to places of interest within an easy journey from the school. One was to a gullery at nesting time and also to the Ancient Settlements on Gawthwaite Fell.

" An increasing number of parents and relatives are coming to the school on visiting days. An opportunity is given to parents to meet the teaching staff and to see what progress their children are making in their school work. From the teacher's point of view it is of considerable interest to meet the parents and especially to be able to assess the social background from which the children come."

The following is a report on the children's out-of-school activities by the matron, Miss M. Ward :—

" As we remain open throughout the year, Christmas excepted, we reserve most treats for the school holidays. We had a few visits to the sea, Haverigg being our favourite shore near here. The August holiday activities were limited by poor weather. Cartmel Show fell on a lovely hot day, we took the senior children and there was plenty to interest us. We patronised our own local Agricultural and Industrial Show in a big way. Twenty-four children and staff submitted entries and we won many prizes.

" The local British Legion invited us to their Annual Sports day and Fancy Dress Parade. All the children went in fancy dress and a gipsy group formed by some staff and children, with the local pedlar and his decorated horse and cart won a 1st prize.

" Throughout the year we never cease to appreciate our extensive grounds. Meals are taken out whenever possible at weekends and during the school holidays. The children delight in making fires and cooking eggs and sausages.

" The need for more " out of school activities " was realised and much energy and enthusiasm has been expended by the housemothers in this direction. With their assistance the children have shown interest in rug-making, canework, stamp collecting, pressed flowers, bird books, etc. Our greatest success is country dancing."

Miss M. Johnson, physiotherapist, reports that :—

" Eighty-one children received treatment throughout the year ; 34 girls, 47 boys. The number and type of cases for treatment were much the same as the previous year. However there was an increase in the number of boys suffering from asthma. The children suffering from debility, as before, had a special remedial class once weekly for training in correct posture. The children with asthma, bronchitis and bronchiectasis received both individual and group therapy. The twice daily " postural drainage technique " was carried out very successfully by the house staff."

Day Special Schools.

The five-day open-air schools for delicate pupils in Darwen, Nelson, Stretford, Swinton and Widnes continue to do most valuable work. There is now in all accommodation for 433 children.

Other Residential Special Schools and Convalescent Homes.

During the year arrangements were made for 67 children, most of them over the age of 11, to be admitted to nine residential schools under other education authorities and voluntary bodies ; 352 children received treatment for periods of one, two and three months at 13 convalescent homes, arrangements for admission being made as a rule through the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

PHYSICALLY HANDICAPPED PUPILS.

There are three residential special schools for physically handicapped children, one for girls at Kepplewray, Broughton-in-Furness, one for junior boys at Bleasdale House, Silverdale, and one for senior boys at Singleton Hall, Poulton-le-Fylde. The total number of places is 112. The great majority suffer from crippling defects which are congenital in nature and in about half of these the cause is cerebral palsy.

Bleasdale House.

The following report is from Dr. F. Simm, the school medical officer in clinical charge of the children :—

" During 1962 the school has continued to run to capacity, the number of children actually attending during the year was 46. There has been some temporary delay in transfers of certain chair-bound children to Singleton Hall. Structural alterations at present in progress at that school will obviate further similar delays.

TABLE I

Analysis of Defects of all pupils during 1962	
Defect	No. of Pupils
Cerebral Palsy	21
Muscular Dystrophy	15
Poliomyelitis	1
Spina Bifida	4
Hydrocephalus	1
Gargoyle	1
Imperforate Anus	1
Post Encephalitis	1
Marginal C.N.S. Disorder	1
Total	46

TABLE II

Types of Disability in Pupils Admitted during Year	
Defect	No. of Pupils
Cerebral Palsy	5
Muscular Dystrophy	5
Spina Bifida	2
Total	12

" It will be noted that nearly 33% of the pupils resident during the year were suffering from Muscular Dystrophy as compared with a corresponding figure of 25% during 1961.

" Table II indicates that an equal number of cases of cerebral palsy and muscular dystrophy were admitted during the year. Whether this trend results from an increased willingness for parents of children with muscular dystrophy to allow their children to attend a residential school or whether it denotes an actual increase in the number of such cases as a whole, is not clear at this stage. Certainly the number attending is the highest recorded since the school was opened.

TABLE III

Disabilities of Cerebral Palsied Children	
Disability	**No. of Pupils**
Left Hemiplegia	4
Right Hemiplegia	2
Quadriplegia	3
Diplegia	8
Quadriplegia with Athetosis	4
Total	21

" An analysis of the actual disabilities presented by the Cerebral Palsied children is shown above.

TABLE IV

Reasons for Discharge	
Reasons for Discharge	No. of Children
Transferred to Singleton Hall Special School	5
Transferred to Residential School for Epileptic Children	1
Unsuitable for Education (Section 57)	1
Transferred to Open Air School	1
Transferred to E.S.N. School	1

" The above table indicates that apart from the 5 children discharged to Singleton Hall on attaining the age of 11 years, 4 children were recommended for placement elsewhere following periods of assessment varying from 6 months to 2 years. This is in accordance with the Committee's policy of accepting children, particularly those suffering from multiple handicaps, for periods of extended trial.

TABLE V

Age of Admission	
Age in Years	No. of Boys
4	1
5	4
6	2
7	2
8	1
9	2

" The average age on admission was 6·3 years, and it is pleasing to note that this has been steadily reducing since 1958 when the average age on admission was 7·5 years.

" All the children received full dental examination during the year, treatment being carried out where necessary.

" During the Smallpox outbreak in this country in 1962, re-vaccination of all children where parents' consented was carried out. Primary vaccination against smallpox was not undertaken although permission of the parents' was requested in order that this could be carried out at short notice should the necessity arise.

" During the period 31st July to 5th September, there was an outbreak of Chicken Pox affecting 10 children, and in November, 23 children received treatment for Influenza. All children made uneventful recoveries from both outbreaks.

" In all, during 1962, 9 boys received hospital in-patient treatment (7 orthopaedic) and 14 boys received out-patient (7 orthopaedic) treatment. 42 children received regular physiotherapy during the year and 18 boys received speech therapy. Twelve boys attended swimming instruction regularly at Lancaster Baths as part of their therapy.

TABLE VI

Severity of Physical Handicap			
Defect	Severely Handicapped	Moderately Handicapped	Slightly Handicapped
Cerebral Palsy	10	5	6
Muscular Dystrophy	11	4	—
Spina Bifida	1	2	—
Hydrocephalus	1	—	—
Poliomyelitis	—	1	—
Imperforate Anus	—	—	1
Gargoyle	—	1	—
Marginal C.N.S. Disorder	—	—	1
Post Encephalitis	1	—	—
Totals	24	13	8

" The assessment of the varying degrees of physical handicap can, from a clinical point of view, only be approximate. At the same time, the wide variation did, in fact, readily permit classification into 3 main groups.

TABLE VII

Diagnoses	Single Handicap	Multiple Handicap
Cerebral Palsy	10	11
Muscular Dystrophy	11	4
Marginal C.N.S. Disorder	—	1
Poliomyelitis	1	—
Gargoyle	—	1
Hydrocephalus	—	1
Imperforate Anus	1	—
Spina Bifida	3	1
Post Encephalitis	—	1
Totals	26	20

" It is interesting to note by comparison of tables VI and VII that whereas the group of children with muscular dystrophy contained the highest percentage of severely physically handicapped children, the Cerebral Palsied group, as would be expected because of the basic pathology, accounted for over 50% of cases exhibiting multiple handicaps.

" Such figures indicate the dual set of basic difficulties. They emphasise that severity of physical handicap is not the extent of the problem. In 20 cases mutliplicity of handicap complicates the clinical picture leading to considerable difficulties in assessing potential ability both from the medical and from an educational point of view. The aim during assessment of these children is to determine the primary handicap by both medical and educational exploration, whilst at the same time ensuring throughout maximum attention to the obvious physical handicap. Only by sustained vigilance can well known clinical pitfalls, such as masked deafness or even considerable degree of partial sightedness be avoided, so ensuring the most appropriate special educational treatment."

The following is a report by the matron, Miss C. M. Hayes :—

" At the close of the year there were 37 boys on roll in four groups :—a nursery group of 8 pre-school children, a kindergarten group of 10 boys, 10 of the older and more mentally retarded boys formed the third group and 10 boys whose ages ranged from 8 to 11 years made up the junior group whose attainments corresponded roughly to those of first year juniors (or 7 to 8 year old) in an ordinary school.

" Of the 12 children admitted during the year 7 had to be placed in the nursery and 4 into the kindergarten. Several re-shuffles of the groups during the year have been necessary in order to make room in the nursery for these very young children.

" The exceptional poor weather conditions throughout the year limited the educational outdoor activities considerably but in spite of this the boys had other new experiences.

" During the Summer term Mrs. Stott, exchange teacher from New Jersey spent some time at Bleasdale House. The boys in the junior class wrote and illustrated a book about the school and presented it to her before she left.

" Towards the end of August the boys made preparation for the return of Miss Brown. The school was decorated and each class produced part of a freize depicting the New York skyline, an ocean liner and the Lakeland hills. Half the boys were in bed with Chicken Pox but this did not stop them from joining in.

" Inevitably this year the Christmas Concert for parents and visitors had an American atmosphere. As Cowboys and Indians " At Home on the Range," the boys thoroughly enjoyed learning the folk songs, making their costumes and painting the scenery.

" The boys again had many interesting out of school outings during the year but these were somewhat curtailed owing to the poor weather. In January the older boys went to see the pantomime " Red Riding Hood " at Over Kellett and in May the Blackpool Scouts and

Cubs again treated the boys to a visit to the Circus, and generously provided lunch and tea. The Blackpool Cubmasters visited very regularly at weekends throughout the year ; their visits are always very welcome.

" A number of training college students have visited the school this year with their tutors, and two teachers in training have spent several days in the classrooms taking part in the work among the children.

" The teaching staff have attended several of the County's short courses for teachers held in Lancaster and Horwich."

Kepplewray.

The following is a joint report by the matron, Miss N. E. Dent, and the head teacher, Mrs. G. E. Cornwell :—

" The year got off to a bad start when approximately half the girls were victims of an influenza epidemic. A speedy recovery ensued and all were able to enjoy the varied programme of the weeks that followed.

"The highlight of the Winter term for the senior girls was when they were taken to a performance by the London Ballet Company at the Coliseum Theatre, Barrow. A few days later, Mr. S. Jeeves, explorer and naturalist, residing at " Brantwood," Coniston, agreed to come and show the girls a sound film of an expedition he made to South America in 1957. This was of particular interest in view of the fact that we had been studying South America in School geography classes. Mr. Jeeves had been giving public evening lectures which we could not attend and a personal visit to us by request was much appreciated.

" After we returned at Easter, Miss Middleton from Lowick, formerly a head-mistress of a School in South Africa and now retired, talked to us about her work. She showed colour slides and exhibited an interesting collection of African children's handwork. In the same term, we had a visit from Mrs. Stott, the American Exchange Teacher, serving at Bleasdale House Special School.

" At the end of August, we regretfully said goodbye to Miss Hewitt who had been on the teaching staff for 9 years. Domestic reasons have compelled her to work near her home in Wigan. Miss V. Thomas was appointed in September to replace her.

" September and October proved lively months. We were " At Home " on four different occasions to parties of medical officers on the County staff.

" After the Autumn break, shades of Christmas could be detected in School. Small groups of would-be actresses, scripts in hand, could be found in odd corners after School. The Christmas Play had been launched. This year we performed " Augustus and the Dragon " in which 14 children took part. The programme also included a selection of songs and carols sung by the children. An epidemic of chicken-pox in the middle of rehearsals nearly ruined our plans but all ended well.

" A new system of borrowing books from the County Library has been adopted. We now take a block loan of 200 books three times a year. We are also building up a very interesting library of our own.

" We are looking forward to improvements in the cookery room which will make work easier and more pleasant for both girls and teacher. It is now our policy that every senior girl, no matter how handicapped, should attend cookery.

" We still continue to use selected B.B.C. Sound and T.V. lessons. T.V. School broadcasts are not used as a routine, but when and where they are particularly useful to an individual teachers syllabus.

" Our annual outing was arranged several times by the Barrow-in-Furness Rotary Club and each time plans had to be abandoned due to inclement weather. However the sun shone when the older girls were guests of the Rotary Club at a Gymkhana held at Furness Abbey. This was a new experience for most of them.

" Guides provided the girls with some memorable social occasions during the year. They had a very interesting day at the Great Tower Camp, Windermere, as the guests of the Ulverston Rover Scouts, who provided transport and cooked the meals for them. In November, the same Scouts provided a Barbecue for the girls in the School grounds to celebrate Guy Fawkes night. Even the rain failed to damp the high spirits on this occasion.

" It was unanimously agreed that a candlelight Christmas supper arranged and prepared by the Guides themselves as hosts to the Rover Scouts, was the most wonderful party they had ever had. Mrs. Wilkinson from the village has replaced Miss Hewitt as Guide Captain.

" During the year, eight girls left us, five attained 16 years and 3 left for other causes. New admissions continue to be children in the infant age group."

The following is a summary of the diagnosis of the girls at the school during the year 1962 :—

Cerebral palsy	26
Spina bifida-paraplegia	1
Spina bifida	5
Infantile paralysis	4
Fragilitas ossium	1
Congenital heart disease	1
Amyotonia congenita	1
Hydrocephalus	3
TOTAL	42

Miss M. Johnson, physiotherpist, reports as follows :—

" Most of the children had treatment three times a week, whilst four of the younger children with cerebral palsy received treatment daily. A remedial class was taken once a week for the older group with cerebral palsy.

" The type of cases and their number remain roughly the same each year, with cerebral palsy consistently remaining the greater number. All the brain damaged children were treated on neurophysical and developmental lines, and the others wholly on orthopaedic principles. All the children benefited by treatment, aided by the excellent ' carry over ' of management outside the treatment room by the house staff. Further, Miss Paull, the speech therapist, and myself when necessary visited the children in their homes during the school holidays to discuss with their parents any of their particular problems. Ten such children were visited."

Singleton Hall.

The following is a joint report on out-of-school activities by the matron, Miss L. E. Cooper and the head teacher, Mr. J. P. Nyland :—

" Ten boys were admitted to the school this year. Eight of these came from Bleasdale House, one was previously receiving home tuition, and the tenth boy, who is paralysed as a result of gunshot wounds, came as a day boy from a local junior school.

" During the year ten boys left the school. Of these two died, one was transferred to another similar school since his parents had moved out of the County, one was accommodated in a home for the disabled, two are in attendance at training establishments and two are at home unable to follow any employment.

" The general work of the school has progressed satisfactorily. Full use has been made of suitable B.B.C. Broadcasts and Television Programmes. The standard of work in pottery is improving. Children suffering from muscular dystrophy now have work tables fitted to their wheelchairs. These are infinitely better for them than desks. The tables were made at local secondary modern schools.

" Since September the woodwork room has been re-opened. Running concurrently with smaller projects is the building of a small sailing dinghy. Three extra curricula activities have been introduced during the autumn term. These are play reading, a harmonica group and a mechanical class. The play reading was very popular with the better readers. The harmonica band has made excellent progress and provided accompaniment for the carol service. Full use has been made of the tape recorder given to us by the Parents' Fellowship in recording the band practices. The most exciting " out of school " activity has been undoubtedly the mechanical class. An old motorised chair was acquired and senior boys were given driving instructions in it. As the colder evenings came along, the chair was dismantled by the boys ready for a complete overhaul and repaint. The aim behind this class is to ensure that boys, who will eventually have their own motorised chairs, will be able to carry out routine maintenance.

" We have two very outstanding events of 1962 to remember—first, Mr. Fortescue who has been our headmaster since the opening—left us to take up a residential headship at a school for children suffering from Cerebral Palsy in Sheffield. The boys owe a great deal to Mr. Fortescue and as a mark of appreciation the staff and boys gave him an eight day clock and an electric toaster. He also received a presentation from the old boys and their parents.

" Our second event was that on September 22nd we celebrated our tenth Anniversary of the school opening. Invitations to tea were sent out to 59 old boys and 34 of them were able to come. They were all pleased to renew acquaintance with many past and present members of staff from both schools. It was a great thrill for all of us to see so many of the boys looking quite prosperous and well, most of them holding their own in the world of commerce.

" This re-union gave the Old Boys an opportunity of meeting Mr. Nyland who became our headmaster in September.

" From September, 1952 to July, 1962, 75 boys passed through the school and from information gathered in September we find that :—33 are in normal full-time employment, 6 are in sheltered workshop employment, 4 are at training colleges, 3 have returned to ordinary schools, 13 are at home or in other hostels and 16 have died.

" The Isle of Man, Circus, Belle Vue, Airport and St. Annes Pier outings are all now annual events and our thanks for these go to the Lytham Rotary Club and the Poulton Round Tablers. Although members at Weeton Camp have lessened very considerably, we are always remembered very generously by the R.A.F. at Christmas time. Each boy receives a gift and enjoys a happy party at the Camp."

The following is a summary of the diagnoses of the boys at the school during 1962 :—

Cerebral palsy	15
Lumbar spinal meningocele	1
Spina bifida	1
Extreme bilateral bronchiectasis	1
Infantile paralysis	4
Haemophilia	1
Amyotonia congenita	1
Muscular dystrophy	10
Hydrocephalus	1
TOTAL	35

EPILEPTIC PUPILS.

Most children suffering from epilepsy are able to attend an ordinary school because their attacks are adequately controlled by medical treatment or they may not occur in the daytime. Only those children whose symptoms, in spite of treatment, prevent them from receiving their education in ordinary schools, need to be admitted into a special school.

Sedgwick House.

Sedgwick House caters for almost all epileptic children in the County who are in need of residential special educational provision. In addition a limited number of places have been made available to outside authorities and during the year 18 places were occupied by such pupils, fifteen of whom were boys and three, girls.

Dr. F. Simm, the school medical officer in clinical charge of the children, reports as follows:—

Year	No. of Admissions	No. of Discharges	No. on 31st December
1960	15	20	43
1961	16	17	42
1962	14	16	40

" The total number of children who attended the School during the year was 56 (35 boys and 21 girls). Amongst these were 18 children (15 boys and 3 girls) who are maintained at Sedgwick House by authorities other than Lancashire County Council.

Reason for Discharge	No. of Children	Percentage
Controlled	8	50%
Attained School Leaving Age	6	37·5%
Ascertained under Section 57 as being " unsuitable " for education at School	2	12·5%
TOTALS	16	100%

" It will be recalled that the Survey of children discharged from Sedgwick House during the period January, 1956 to December, 1960 showed that 50% of the total discharges were completely controlled. It will be noted from the above table that this figure has been maintained during the year.

Age in Years	No. of Children
Under 6 years	1
6 „	2
7 „	1
8 „	1
9 „	2
10 „	2
11 „	—
12 „	2
13 „ and upwards	3

" Although the average age of children on admission was 9½ years, 50% of these children were aged 9 years and over at the time of their admission. As indicated in previous reports and particularly in the Survey for the 5–year period January, 1956 to December, 1960, the prognosis, so far as response to treatment is concerned, appears to be related to the age at the time of admission. The earlier the admission, the more favourable is the prognosis.

Age of Onset and Age on Admission to Sedgwick House of Pupils Admitted during 1962

Case No.	Age at Onset		Actual Age on Admission		No. of Years Between Age of Onset and Admission to Sedgwick House	
	Years	Months	Years	Months	Years	Months
1	5		8	3	3	3
2	6	9	12	9	3	
3	2	6	7	1	4	7
4	3	6	5	5	1	11
5	5		14	5	9	5
6	3		6	10	3	10
7	1		10	11	9	11
8	4		12	4	8	4
9	11		15	3	4	3
10	4	11	6	5	1	6
11	14		15	2	1	1
12	3		9	7	6	7
13	2	4	9	2	6	10
14	3		10		7	

" It will be noted that in the majority of cases some years had elapsed between onset and time of admission. It is again stressed that earlier admission should be encouraged in appropriate cases

" Throughout the year continued use was made of the facilities for electroencaphalographic investigation at Whittingham Hospital and of the services of the Pathology Department at Westmorland County Hospital.

" The children's general health throughout the year has, on the whole, been good. During January there was a minor outbreak of German measles and in the same month there was an outbreak of Influenza involving 15 children. Illnesses of a more serious nature during the

year included one rather severe case of glandular fever, one fractured skull, one fractured upper limb and one case of status epilepticus.

" In addition to the specific treatment of epilepsy and to the defects found at periodic and special investigations, approximately 200 miscellaneous minor ailments received attention. All children received a full dental examination during the year. Where necessary dental treatment was carried out.

" Immunisation against diphtheria and vaccination against poliomyelitis have been continued during the year, booster doses being given where necessary. During the small-pox outbreak which occurred in this country in 1962, re-vaccination of all children whose parents consented, was carried out. Primary vaccination against small-pox was not undertaken although permission of the parents was requested in order that this could be carried out at short notice should the necessity arise.

" The following table relates to children who attended Sedgwick House at any time during 1962. In compiling this table the patient's previous record of incidence and severity of seizures was used as a control. The term " major seizure " indicates typical grand mal epilepsy. The term " mixed seizure " indicates grand mal combined with some other type of epilepsy. " Minor seizure " indicates those seizures not covered by the above definitions. These include true petit mal, myoclonic, akinetic and certain other types of seizure. The term " controlled " indicates complete absence of clinical seizures for a minimum period of 7 months.

Effect of Treatment on Epileptic Children attending Sedgwick House during 1962

Type of Seizure	Controlled (No seizures in 1962)	Much Improved	Improved	No Change	Worse	Total
Major	—	—	—	—	—	—
Minor	3	1	1	2	—	7
Mixed (Major and Minor)	10	2	8	28	1	49
TOTAL	13	3	9	30	1	56
	23·2%	5·4%	16·1%	53·5%	1·8%	

" Response to treatment during the year has been most encouraging. Just over 44% of the children improved during the year. The percentage of children actually controlled (23·2%) has increased considerably as compared with the figure of 13·8% for 1961.

" During the months of July, September and October, Sedgwick House was visited by the majority of divisional medical officers and whole-time assistant divisional medical officers of the Lancashire authority. Between 20 and 25 medical officers attended on each of 4 occasions. These visits provided ideal occasions for exchange of views and discussion of general problems relating to all aspects of epileptic pupils. At the same time there was opportunity for discussion with individual medical officers interested in particular children.

" At each visit two films dealing specifically with epilepsy were shown. Both emphasised the concept of epilepsy as a symptom and not a disease entity and the need for team work in approach to diagnosis, treatment and all aspects of management. Clearly depicted also was the success which can be achieved by this interdependent approach of those working both directly and indirectly with epileptic children. These visits proved to be of great practical value in encouraging a combined attack in this comparatively new but fruitful field of work which the Chief Medical Officer, Ministry of Education, discusses at some length in his Report, " The Health of the School Child, 1960 and 1961."

Investigations and Assessment Prior to Admission

No. of Children Admitted	Special Investigations		Seen by Consultant Paediatrician	Seen by Neurologist or by Consultant known to be specially interested in Epilepsy
	One only	Three or More (Includes E.E.G. and X-ray Skull)		
14	10	4	10	4

" That progress is being made in bringing to the forefront the need for specialised assessment of all cases of epilepsy is shown by the fact that of the 14 new cases admitted to Sedgwick House during the year, all had been seen by a consultant and had had some specialised investigation. However, that only four of the new pupils had been seen, prior to admission, by a neurologist or by a consultant known to be specially interested in epilepsy and that only four children had had three or more special investigations, clearly indicates the need for early implementation of that part of the Report of the Cohen Committee relating to the development of Diagnostic Centres.

The following is a report for the year 1962 by the head teacher, Mr. D. W. Norton :—

" The 5-group system for this all-age mixed school has proved to be greatly advantageous in offering more opportunities for giving individual attention to the many retarded pupils at the lower end of the school.

" Plans for the addition of a fifth class room and extensions to allow scope for the assemblies, indoor physical training and craft activities were discussed during the year.

" In common with the other Special Schools we were delighted to welcome the four delegations of divisional school medical officers who visited us during the summer to see the facilities provided for the children and to discuss problems affecting the children sent to us by these officers.

" The Scouts and Cubs displayed models at the Kendal Scouts Handicraft Exhibition and gained several merit awards. The Annual Sports and Reunion excited great interest as usual. We had a large gathering of parents, friends and former pupils and again were favoured by good weather.

" The summer outing was made to Ullswater and its environs and the senior boys climbed while the girls and younger boys made excursions around Patterdale.

" Cricket, Rounders and Football matches were played and that against Sunnyfields Schools resulted in a close 2–3, our nearest yet to a victory.

" Pets now include budgerigars and the senior boys have made a breeding aviary. A small forest nursery is being made with saplings provided by the Forestry Commissioners.

" We were pleased to hear from former scholars now happily and usefully employed in various ways, one, for example, on a farm in Kent and another working in a Northumberland nursery. However, despite many successes our leavers usually find some difficulty in finding suitable employment.

" On the whole 1962 was a typical year of steady work and progress on the lines practised during the past ten years or so. We look forward with hope to increasing successes in the future and thank all members of the staff and of the School Health Department for their co-operation.

" We were sorry to lose the services of our deputy matron, Miss J. Roebuck who accepted a similar appointment at Broughton Tower. Both staff and children will miss her very much.

MALADJUSTED PUPILS.

The child guidance clinics continue to form a very important service for children who have developed serious maladjustment. The Whitefield clinic continued to serve a very considerable area in south-east Lancashire and the one in Preston, newly re-opened towards the end of the previous year, the northern area. There were, however, some notable extensions. The Manchester Regional Hospital Board were able to appoint an additional consultant child psychiatrist, Dr. Gage, enabling two further clinics to be opened jointly under the County Council and the County Boroughs of Rochdale and Wigan. Ancillary staff were supplied, for the most part, by the County Council. In Huyton, where the first County clinic was opened but which had been without a psychiatrist since Dr. Louise Devlin's absence through illness, the Liverpool Regional Hospital Board arranged for the weekly attendances of a consultant child psychiatrist, Dr. Neville. This was an important move since at Huyton we have a staff of educational psychologists, together with a psychiatric social worker and a very successful remedial teaching scheme is based on the clinic. A further new clinic was opened in Lancaster under the supervision of Dr. Mary Burbury.

Child Guidance Clinics.

Whitefield.

Dr. Maria Dale, psychiatrist, reports on the Whitefield Child Guidance Clinic as follows :—

" Child Guidance facilities have now been in existence in this area of the County for 15 years ; for the first four years the Clinic was held in Failsworth before it was transferred to Whitefield. It is gratifying to know that recently there has been an increase in Child Guidance services in South-East Lancashire, therefore fewer children were referred to this Clinic and the waiting lists were not out of proportion. Whereas at the end of 1961 90 children were waiting for diagnostic interview, during 1962 this number was reduced to 45. One hundred and twenty children were referred to us during the year and 165 were dealt with altogether. This volume of work was possible as we had the help of two additional temporary part-time psychiatric social workers for the greater part of the year. Thereby the waiting time was reduced and became shorter than it had been for many years ; at one period it was only four months. We also noticed a decline in the number of cases withdrawn from the waiting lists for examination and treatment.

" This year more children were referred directly from family doctors than before. We appreciated the co-operation of the general practitioners and sent them copies of our reports through the divisional school medical officer. Similarly, we have been in contact with consultants of other medical specialities, i.e., orthopaedic surgeons, paediatricians, neurologist, psychiatrists and a urologist.

" The type of child referred followed the same pattern as the year before ; about half of them were found unsuitable for treatment, the others needing different recommendations. Where maladjustment and behaviour disorder was secondary to mental backwardness placement in either day schools or residential schools for educationally sub-normal children was recommended. Some of the maladjusted children who were examined came from such unhealthy and unsuitable home backgrounds that separation from the parents appeared to be the only solution, and residential adjustment in schools for maladjusted children or in children's homes was decided upon. We should like to stress that every time a decision for removing a child from his home is made serious consideration is given to all aspects of the case. The object in view regarding this grave step is to enable the child to make relationships with healthier and more stable adults so that he might have a better foundation for his future life. For a small group of delinquent children and young teenagers, supervision under the probation officer was advised.

" There are several problems to be faced when the need of placing children in residential schools arises. For the more intelligent group, whose I.Q. is 120 and higher, places can be found in residential schools with grammar school standard. We are glad to say that a few of these children so placed have reached G.C.E. level and were generally successful in their school career. It is not an easy task to find suitable vacancies for maladjusted children whose intelligence is only average or below average (I.Q. 60–85) and who also suffer from emotional disturbance. The schools for educationally sub-normal children are not equipped to deal with maladjusted children, and the schools for maladjusted children cannot admit children who are educationally sub-normal because their educational programme is not suitable for them.

" Another factor is the question of age. It is extremely difficult to find accommodation in a residential school for a child who is 13 years old or over, whatever his I.Q. ; there is a shortage of facilities on all levels.

" For the benefit of the educationally backward child a Schools Psychological Service is in process of being established in this area. Towards the end of the year the psychologist undertook the testing in schools of children whose attainments in school were below the required standard. These children, who are selected by the head teachers, require psychological assessment and remedial teaching ; only a few of them need full child guidance investigation.

" The psychologist was able to test a higher number of mentally backward children for divisional medical officers than in previous years.

" As usual we held case conferences to which we invited school medical officers, probation officers, area children's officers and child care officers, the warden of Moorfield Reception Centre, the superintendent of Bankfield Children's Home, and representatives of other social agencies. These case conferences help us to gather the fullest information about each individual child and enable us to consider every aspect of the psychological disturbance. The participants are always keen to attend because they have found the discussions rewarding and beneficial in their work with children.

" I have pleasure to report about additional clinic activities : I was asked to take part in the teaching programme for student probation officers, and in this connection a group of them visited the Clinic and attended a lecture on " The Function of the Child Guidance Clinic and the Development of the Delinquent Character." An address to the Married Women's Association in Cheshire was given on " The Young Child and Consequences of Separation from the Mother," accompanied by a film. On another occasion I was invited to speak to the Association of Head Teachers of the Rochdale Area on the subject : " Children Who Cannot Learn." Occasionally we are approached to discuss our work with foreign visitors who are working in the field of mental health in children. We were able to welcome a probation officer from Greece who was also a lawyer, a contact that proved very interesting. We are also pleased to exchange views and find this is of mutual benefit.

" We would like to express our thanks for the help and co-operation we received from the various departments of the County Council, the probation officers and the head teachers."

The following table shows the sources of referral at this Clinic :—

1.	School Medical Officers	70
2.	Schools	11
3.	Speech Therapists	—
4.	County Children's Officers	6
5.	Private Practitioners	13
6.	Hospitals	—
7.	Magistrates and Probation Officers	10
8.	Other Social Agencies	1
9.	Parents	7
10.	Psychiatrists	2

Huyton.

Dr. J. Neville, psychiatrist, reports on the Huyton Child Guidance Clinic as follows :—

" During this period only one psychiatric session per week was available, though an additional session was later provided. The clinical team consists of the visiting consultant psychiatrist, one psychiatric social worker, and three educational psychologists.

" Because of the limited resources of the clinic, the policy has been that all new cases should be referred via the School Health Service, but it is hoped when clinical facilities have enlarged a little, that family doctors in the Kirkby, Huyton, Widnes and Prescot areas may find it possible to refer disturbed children directly to us.

" Fifty-eight new cases were referred in the period 1.1.62 to 31.12.62 and of these, 50 cases were comprehensively assessed. One case failed to eventuate because the parents did not wish for a psychiatric review since the child's symptoms were said to be completely in abeyance. By 31.12.62 only 7 cases had yet to be seen by the consultant psychiatrist, although the majority had already been studied as regards their social family and psychometric status. As is usual, the number of boys referred predominated over the girls ; the ratio being 46 to 12. Four children were seen primarily at the request of the juvenile courts.

" Multiple symptoms tended to be present in each case and the most common presenting complaint was that of a diffuse disorder in behaviour and/or mood. Many children so affected were proving very difficult to handle at home and at school and were at times depressed and self neglectful. In addition to this pattern of disorder affecting 21 of the 50 cases fully reviewed, 15 children were fairly habitual offenders, stealing from school, shops and home, absconding, breaking and entering and destroying property. Twelve patients were habitual bedwetters and several of these were often wet during their waking hours. Habitual faecal soiling was less common, affecting 5 children, although in some cases the child was found to be both wet and dirty. Such a combined disorder was often associated with extreme unhappiness and insecurity on the part of the child who often came from a joyless and unstable home. Persistent school evasion occurred in 6 children and in the majority of this group it was apparent that the children were intellectually handicapped and might be expected to improve with E.S.N. level education.

" Florid anxiety symptoms were present in only 6 of the 50 children and again seemed to pick out the dull child from the unstable family. Five children displayed severe speech disorder and most of them had proved refractory to speech therapy. Here again, poor intellect and family discord tended to accompany the communication disorder. Four children presented in the main with extremely severe disorders of sleep. These children were mostly in the age range 4 to 6 and it was felt that the pattern of their sleep defect was produced by a combination of terrifying experiences, parental anxiety and the child's own psychological immaturity. Four children showed multiple tics and/or unusual mannerisms and such children were often tense and undergoing periods of considerable stress at school and at home. In 4 children difficulties of behaviour, mood and sleep probably had a cerebral dysrhythmic basis which was revealed by electroencephalograph or a clinical history suggestive of epilepsy.

" (The Huyton Child Guidance Clinic is indebted to Dr. J. R. Roberts, Consultant in charge of the E.E.G. Department at Alder Hey Children's Hospital, for arranging to have a number of our child patients tested). In only 1 new case was there a suggestion of a psychotic disorder and this particular child was admitted for a short time to the in-patient psychiatric unit at Alder Hey for more intensive testing and observation ; this little boy remains under out-patient review with a rather unsatisfactory diagnosis of a borderline autistic disorder.

" Another typical feature of child psychiatric work is the high incidence of mental subnormality in new cases referred.

" Because of the great shortage of clinical time, intensive psychotherapy has not been possible, but a substantial proportion of cases continue to be seen regularly, and their parents and school teachers are advised and guided by the educational psychologists and psychiatric social worker. Many of our new patients come from homes where there is marital discord, poverty and unemployment. In many cases the family situation is so pathogenic that therapeutic sights have to be kept low. Many children from such families have been greatly helped by a prolonged period of recuperation at convalescent units and schools primarily intended for delicate children.

" A high proportion of the children referred to us can only be expected to do well if they are placed in a psychotherapeutic environment for many years, and in this respect we feel the need for a great increase in the number of places available at residential schools for maladjusted children and day and boarding schools for intellectually handicapped pupils.

" Finally, some children appear to come to us because they are bored and frustrated by their lives in rather bleak and unstimulating surroundings, and these children would be greatly helped by having the opportunity of spending a few terms in a ' country camp ' type of school where high spirits and adventurousness would not result in flagrant anti-social behaviour."

Mr. T. Simm, Senior Educational Psychologist, presents the following report on :—

THE SCHOOLS PSYCHOLOGICAL SERVICE

" The psychologists based at the Huyton Child Guidance Clinic have again spent the greater part of their time dealing with problems referred via schools and medical officers. Of the 632 children given individual tests this year, 21% were seen as part of the Child Guidance diagnostic procedure and these numbers were almost equally divided between Huyton, Wigan and Rochdale Child Guidance Clinics. In addition, 14% of children tested were for the Children's Department ; half of these were seen at the Bamber Bridge Reception Centre and the other half since June, 1962 at Boothstown Remand Home. The remainder, amounting to 65% of the total number, were tested either driectly as a result of head teachers' referrals to the Schools Psychological Service or as a result of requests by the medical officers of many divisions. Again, a large number of visits to schools, clinics and other centres has been necessary ; exactly half of the children interviewed were from districts outside Huyton and Health Division 9.

" This year help has been given to the divisional medical officer and education officer in the Eccles and Swinton districts in connection with the ascertainment of children in need of special educational treatment. These children were referred by the schools and were selected for referral by virtue of poor ability in reading tests. As has happened in past years in other districts, many more children are discovered who are poor readers than can be admitted to special schools. This is, of course, bound to happen when one considers that the special schools can cope with, at most, about 2% of the school population whereas the Ministry of Education in its 1956 survey found that about 20% of children were backward readers. This leaves, therefore, about 18% of schoolchildren who still need some form of specialised treatment. Some can be dealt with in special classes or progress slowly in the ' D stream.' Quite a large proportion of these poor readers, however, are of normal intelligence. In the districts surveyed over the past three years it has been found that about one third (sometimes more) of children referred as poor readers are of average intelligence (I.Q. 90+). Quite a large number of these children can and have been helped by special remedial teaching measures.

" During the course of the year the Divisional Education Committee at Litherland decided to institute a remedial teaching scheme and a remedial teacher was appointed to commence in January next. In the latter part of the year the psychologists have been busy selecting from the lists of poor readers referred those who might be suitable for remedial help. This has involved a number of visits to schools, where children were first tested in groups followed at a later stage by individual assessments. Subsequently the parents, who showed great interest, were interviewed at the education office. The service will be ready to function in January next. About 40 children will be admitted to part time remedial groups at Beach Road School in Litherland. A further dozen or so will attend a separate centre in Formby.

" The Schools Psychological Services at Huyton and Widnes continue to be much in demand. During the year 62 children were admitted to remedial teaching groups and 57 of those in attendance at the beginning of the year successfully completed their course of remedial tuition. For some time it has been observed that in some districts the school medical officers are showing great interest in the Schools Psychological Service and are referring many children whom they meet during the medical inspections. At times the number of children so referred, and found to be in need of remedial help, are quite sufficient to fill the existing vacancies in the remedial classes. The results of remedial teaching in these districts continue to please. Between these centres over 60 children leave the classes each year and the average improvement in reading ability is between 3 and 4 years of reading age. This is for an average duration of treatment of between 12 and 15 months.

" As mentioned in last year's report, an attempt will be made, if possible, to review from time to time the subsequent progress of children who complete a course of remedial teaching. During 1963 it is hoped to ' follow-up ' all the children (over 100 in number) who left the classes in 1961, i.e. 2 years after completion of remedial help. From such a study it should be possible to evaluate the general long-term effects of remedial teaching. We may also learn something of value by comparing different groups of children who achieve varying degrees of success. It is felt, of course, that such appraisals should be an integral and continuing feature of any development in special educational treatment.

" The education officers for Huyton, Prescot, Widnes and Litherland have given the remedial teaching services their full support and appreciation of the work in Widnes was mentioned by the Widnes Education Committee after studying a report made during the year. The headteachers concerned have once more been very helpful and their co-operation has been much appreciated. Once again there has been excellent co-operation between the psychologists and the divisional medical officers and their staffs."

Preston.

Dr. S. Leviten, psychiatrist, reports on the Preston Child Guidance Clinic as follows :—

" The functioning of the clinic during the year enabled the backlog of cases to be tackled and the work was greatly facilitated by the appointment of educational psychologists and psychiatric social workers.

" Fifty-eight cases were referred during the year, and there were 21 remaining on the waiting list from 1961. Diagnostic interviews were given to 25 children, of whom 19 were considered suitable for treatment. Of the total number, five were court cases.

" On the 31st December, 1962, there was still a waiting list of 42. Of these, six were referred during 1961, and these have since been dealt with. Some urgent cases were helped by the psychiatric social workers, who saw the parents, and then discussed their problems with the psychiatrist before appointments were made for the child to be seen by the psychiatrist. I am hoping that this situation will soon be cleared, and that parents and child can be seen by the team simultaneously.

" The level of intelligence of cases seen is in accordance with the normal level.

Below 75	75–90	90–100	100–110	110–120	Above 120
1	5	7	5	3	3

Analysis of reasons for referral are shown in the table below :—

Behaviour Difficulties	20
School Problems	13
Enuresis and encopresis	12
Anxiety symptoms	7
Court Cases...	5
Maladjustment	2
Shyness	1
Attempted Suicide	1

An interesting fact is that of all the children seen, only two were girls.

The ages were evenly spread over the various age groups."

The following is a summary of the work done at the four clinics in the County area during 1962 :—

Number of Pupils	Huyton	Lancaster	Preston	Whitefield	Total
Referred	707	28	147	141	1,023
Withdrawn from register	—	1	11	46	58
Given diagnostic interview	52	10	25	119	206
Found suitable for clinic treatment	27	5	19	54	105
Unsuitable for clinic treatment	25	5	6	65	101
Attended for treatment	29	2	27	49	107
Treatment completed	1	—	6	29	36
Much improved	—	—	2	7	9
Improved	1	—	—	17	18
No change	—	—	4	5	9

SPEECH DEFECTS.

Speech therapy was carried out by 15 speech therapists, four of whom were part-time. The number of clinics decreased from 59 to 58. The total number attending for treatment was 2,499.

The speech therapy service is now an extensive one and taking the County as a whole, the area continues to be reasonably covered for most of the time. Gaps unfortunately occur when speech therapists leave and are not replaced immediately.

Many factors are involved in the management of children who are in need of speech therapy. The therapist must first establish a good relationship with the parent but others are closely concerned. The school nurse, the teachers at school and the teachers of the partially deaf may all have a part to play and in view of the frequent presence of emotional factors the psychiatrist too can sometimes give invaluable help. All the therapists, therefore, at sometime visit the schools and occasionally the homes of the children, in this way obtaining a fuller picture of the child's problems.

It is widely recognised that children are themselves very conscious of an improvement in their speech. As one therapist states in her report : " On the whole, once the initial shyness and apprehension has been removed, and a good rapport established, children enjoy their treatment sessions and look forward to them each week. One of the most striking things is the gain in confidence which nearly all children have, and time and again one hears the mother say ' He is not like the same child since he started to come here.' "

Many of the therapists have fairly long waiting lists and careful selection is most necessary if the best use is to be made of their time. Group therapy can help from this point of view, but is only appropriate for certain types of speech disorder and with certain children. Another procedure

which can also help is for children undergoing treatment to have a rest for a time after the initial period. This is often quite valuable where, for instance, the family environment militates against the child's progress, even though in the first two or three months progress may have been quite rapid. Sometimes it is wise to postpone attendance if, for example, a child has to wait for orthodontic treatment. This may be a very important associated factor and it is much better for orthodontist and speech therapist to work in co-operation.

All therapists realise only too well that parents can play a vital part in the treatment. Some have noticed that children attend more regularly and make better progress in rather better-class areas where comparatively few mothers go out to work. It would not, of course, be right to apply this too widely, for many parents in poorer circumstances are very successful in giving their children all the help and encouragement they need. One therapist remarks that " it is very noticeable that those discharged in less than a year are nearly always children who have parents who really practise regularly with their children each day instead of shrugging off their responsibility once they have done their part by bringing their child to the clinic. Sometimes, unfortunately, a parent can have a mistaken object in view as in one three year old child who stammered purely because of parental pressure. He was constantly checked and corrected and the mother informed the therapist that she was curing his local accent ! After several sessions of advice the child rested from attendance for six months. After this period the stammer had completely disappeared and so far has not recurred."

Several therapists note the greater number of boys than girls requiring treatment. It is noted also that boys do not make such good progress as the girls. One therapist sums up the position as follows : " Generally speaking girls appear to be speech conscious far earlier than boys, and having become so are willing and even anxious to help themselves. Conversely, boys, even when aware of their defect and subject to its inconveniences and embarrassments, seem prepared to suffer these rather than expend some little effort to correcting the matter."

The following is a summary of the work done at the various centres :—

Clinic	Number attending for treatment	Discharged cured	Discharged improved	Treatment suspended	Ceased attendance	Still attending
Accrington	20	2	1	3	—	14
Ashton-in-Makerfield	35	9	4	4	2	16
Ashton-under-Lyne (Richmond House) ...	121	38	5	—	24	54
Bacup	32	7	3	5	1	16
Bamber Bridge	15	5	—	3	—	7
Carnforth	12	3	1	—	3	5
Chadderton (Eaves Lane)	50	4	3	8	—	35
Chorley (Collison Avenue)	74	13	5	8	9	39
Clitheroe	22	7	—	2	—	13
Crosby (Alexandra Hall)	26	3	1	2	—	20
Crosby (Prince Street)	40	6	1	5	8	20
Dalton- in Furness	25	3	2	3	2	15
Darwen	44	14	—	3	—	27
Davyhulme	95	8	2	61	13	11
Denton	37	2	1	9	—	25
Droylsden	17	1	1	5	—	10
Earlestown	55	8	7	21	5	14
Eccles	65	11	1	18	9	26
Fleetwood	42	3	3	—	1	35
Formby	19	2	—	2	2	13
Fulwood	15	3	—	5	—	7
Great Harwood	20	5	—	3	—	12
Heywood	56	8	9	3	10	26
Horwich	7	—	—	—	—	7
Huyton (Fairclough Road)	56	7	5	16	4	24
Ince-in-Makerfield	32	7	2	4	2	17
Kirkby (Northwood)	84	5	5	—	13	61
Kirkby (Southdene)	70	18	4	1	8	39
Kirkby (Westvale)	48	8	3	—	11	26
Kirkham	30	3	1	—	5	21

Clinic	Number attending for treatment	Discharged cured	Discharged improved	Treatment suspended	Ceased attendance	Still attending
Lancaster (Ryelands House)	63	20	2	7	6	28
Leigh (Stone House)	67	14	7	9	9	28
Litherland (Sefton Avenue)	29	4	4	4	1	16
Littleborough	36	6	1	6	7	16
Little Hulton	38	3	—	18	5	12
Lytham St. Annes (Bath Street)	32	2	1	—	9	20
Lytham St. Annes (Public Offices)	45	6	2	2	6	29
Maghull	32	7	1	13	1	10
Middleton (Durnford Street)	68	7	11	6	12	32
Middleton (Langley)	60	5	8	10	17	20
Morecambe (Euston Road)	50	23	—	1	6	20
Nelson (Carr Road)	48	5	—	6	1	36
Ormskirk	36	2	1	3	5	25
Poulton-le-Fylde	17	3	1	1	—	12
Preston (Spring Bank)	57	8	5	2	4	38
Ramsbottom	21	3	1	1	6	10
Rawtenstall	22	5	3	3	—	11
Royton	26	5	2	8	1	10
Stretford (Old Trafford)	50	6	—	24	9	11
Stretford (Mitford Street)	69	6	2	45	4	12
Swinton (Victoria Park)	119	10	2	67	11	29
Thornton Cleveleys	31	5	—	1	1	24
Tottington	30	10	—	—	4	16
Ulverston	25	5	3	1	1	15
Walkden	33	4	1	11	10	7
Westhoughton	17	10	—	—	3	4
Whitefield	43	6	10	6	5	16
Widnes (Kingsway)	71	10	6	21	10	24
TOTAL	2,499	413	144	470	286	1,186

In addition 44 physically handicapped pupils attending the Bleasdale House, Kepplewray, Sedgwick House and Singleton Hall Residential Special Schools received treatment for defects of speech from one of the Committee's speech therapists.

EDUCATIONALLY SUB-NORMAL CHILDREN.

During the year 491 pupils were found, on examination, to be educationally sub-normal and to require education in special schools. This work is mainly the responsibility of the school medical officers, who must be approved for the purpose. Some are assisted by the educational psychologists who work in the child guidance clinics and occasionally when a decision is very difficult the child is referred to one of the psychiatrists in the service. The names are finally handed on to the Education Department.

Ineducable Children.

During the year 118 children were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944.

SCHOOL DENTAL SERVICE - 1962

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

General.

In reviewing the Dental Service for the year 1962, perhaps the most significant facts were the general increase in the amount of treatment carried out and the increase in the number of children receiving dental examination in the schools and clinics ; there was a further rise in the number of fillings inserted and a decrease in the number of permanent teeth extracted. The latter trend, though small, was in the right direction, and the rise in the filling rate per 100 children is illustrated by the following table. This shows that there is, in fact, despite all pessimism, a growing awareness in children of the need to keep their teeth, as well as the result of intensified dental health propaganda over many years.

TABLE OF TREATMENT PER 100 CHILDREN.

Year	Attendances	Permanent Teeth		General Anaesthetics	Other Operations	Dentures Supplied
		Fillings	Extractions			
1951	163	47·90	34·08	65	38	0·53
1956	225	87·83	46·72	65	49	0·89
1962	261	127·53	42·95	59·75	67·72	1·02

The average number of attendances per child has increased significantly over even that of 1951, 1·66 as compared with the present day 2·61. Similarly where only 47·9 fillings were carried out per 100 children in 1951, in 1962 there were 127·5 fillings completed. Despite the increases however, less than 50% of children received dental examination in schools during the year. This is regrettable as so many children only seek dental treatment following school inspection. It must be borne in mind, however, that there are limiting factors in the possible turnover of dental examinations in school. A brief resumé of the system though mentioned in previous reports may help to explain why schools cannot be inspected more quickly than at present. When a school is examined by a dental officer a number of children are referred for treatment ; a certain proportion will accept treatment at the clinic, others will elect to attend the general dental practitioners of their parent's choice, and other parents will refuse treatment from all services, as is their right if they so wish. Once children have been referred and have accepted treatment at the clinic then their treatment must be proceeded with as soon as possible, in order to avoid further deterioration in the teeth found to be treatable at the time of inspection, and, until their treatment is nearly complete, is not advisable to proceed to the next school for dental inspection. If dental inspections are proceeded with regardless of the need to keep pace with treatment, then the result will be a large number of children who have received dental inspection and an equally large number, in need of dental treatment, for whom nothing has been done. The increasing number of appointments needed per child per course of treatment also means further delay in inspection.

The main part of the answer lies, of course, in more dental time becoming available for inspection and treatment but nothing is to be gained by substituting the former for the latter. The age distribution of children who had dental inspection in schools in 1962 is as follows :—

5 years and under	...	...	16,694
6–9 years	...	...	63,584
10–15 years	...	...	71,388
TOTAL		...	151,666

This is less than half the numbers on school rolls but if this figure is added to those inspected at clinics then the numbers increase to 184,878.

The average case load per dental officer in the County as at the 31st December, 1962 amounted to 6,921. With the added responsibilities under Section 22 of the Health Act, which absorbs an average 10% of each officer's time, it is impossible to cover all the requirements of treatment, etc., and to carry out dental inspection at any less interval than now exists.

A further factor which has affected the " rate " of dental inspection is, of course, the continuous rise in the numbers of pupils and the following table shows the relative number of dental surgeons to pupils over the last 10 years. It will be seen that whilst there has been some improvement, the increase in dental staff has done little more than keep pace with the school population and there was, in fact, a slight decrease in the ratio in 1962.

TABLE SHOWING SCHOOL POPULATION—DENTAL SERVICE STAFF 1953–62

Year	School Population	No. of Dental Officers (Whole-time equivalent in the School Health Service)	Case Load per Dental Officer
1953	293,582	35·87	8,184
1954	302,035	37·71	8,009
1955	309,977	40·16	7,718
1956	318,340	41·48	7,674
1957	323,917	38·20	8,479
1958	328,731	38·44	8,552
1959	331,970	43·36	7,656
1960	337,510	43·97	7,675
1961	343,002	50·48	6,794
1962	342,288	49·45	6,921

The average acceptance rate over all the County is 53% which represents a drop of some 3% over last year's return, but it also means that still more than half the children referred, request that their treatment be carried out at the clinic.

Refresher Courses.

The Committee directed in 1962 that provision should be made for an experimental dental refresher course to be held within the County to ascertain the value to the service and the staff. Liaison with the Manchester Dental Hospital School enabled 12 places to be made available and the course arranged by Professor Hardwicke of the Department of Preventive Dentistry and conducted by Dr. Miller, Senior Lecturer in Preventive Dentistry at the Manchester School.

Meetings were held on six occasions and consisted of lectures and demonstrations in techniques in childrens' dentistry. The value of the course was enhanced by the fact that the limited number of members made possible practical participation in many of the operations being demonstrated.

The course was most successful and the demand for places exceeded those available. Refresher courses arranged within the County play a most useful part in bringing treatment methods, etc., up-to-date by introducing new procedures, they also encourage staff members to undertake new forms of treatment and, while these internal courses cannot entirely replace those carried out at large centres, they are, nevertheless, a valuable medium for further training.

Dental Health Education.

During the year every effort was made to promote this important branch of the work of Local Authority Dental Services. The purpose of both Dental Health Talks and Exhibitions is, of course, to identify the care of the teeth and mouth with the pattern of general health and this in its turn is thus the more closely linked with the child's education. It is important to train a child to appreciate positive health of mind and body as it is to make the child efficient in academic subject—the two should be complementary and closely associated rather than treated as separate and distinct from one another.

Dental Health Exhibition at Haydock.

The Haydock Project took the form of a Dental Health Week, the local arrangements being carried out by the area dental officer, the Divisional Medical Officer and the health staff. The background of materials, posters, stalls and the general apparatus was supplied by the Health Education Branch of the County Health Service. The schools were contacted through Head Teachers who gave, as always, invaluable aid in furthering the interest and local activity so necessary for the success of these efforts. Finally the civic leaders came into the picture thus pinpointing the universal interest of this aspect of the general health of the community.

Poster and essay competitions were a feature of the preparatory activities and there was a questionnaire issued to all schools taking part. Not only was much information gathered from these competitions and questionnaires but they also served to stimulate interest in dental health, at the same time making the children feel that this was their exhibition. Films on dental health were shown to all the children and some three thousand apples, donated without charge by the Commonwealth Fruit Board, were distributed to the children at the same time as advice was given on dental hygiene and the rules for dental health.

Altogether, and excluding the Haydock exhibition, dental surgeons and other health staff, particularly the health visitors, have been active during the year in schools and clinics, and at mothers clubs and parent teacher associations, giving talks, showing films and demonstrating an oral hygiene.

Miss E. M. Knowles, F.D.S., R.C.S., Senior Dental Officer of the Ministry of Health gave an address on Dental Health Projects and Propoganda at the Ramsbottom Clinic to an audience of Health Administrators in which health visitors from the County Council staff were largely represented.

All these items served to further the cause of dental health in the County during 1962.

Fluoridation of Water Supplies.

The report of the study areas was published by H.M. Stationery Office in July, 1962, and, as was anticipated from studies carried out elsewhere, the success of the addition of fluoride to water supplies in selected areas, ensuring a constant level of 1 p.p.m., was amply demonstrated. In those children who had had water available, the fluoride level of which had been adjusted to 1 p.p.m., during their entire lives, there was recorded up to 60% decline in the caries rate.

The report stated that the most vigilant surveillance by doctors in the study areas revealed no changes in illness rates and there was no call made upon consultants who were available especially to examine any rise in the incidence of any ailments which might be associated with fluoridation.

The statistics of the incidence of many common diseases were compared in the report with pre-fluoridation years and, on the whole, the results were comparable, not only with those of this country as a whole but also with fluoridation studies conducted in America. The only apparent effect of added fluoride was to have brought about a reduction in the caries rate in children.

The fluoridation of water supplies as a Public Health measure for the reduction of one of the most painful and unnecessary condition which afflicts child life, is recommended without reserve by the Ministry of Health. No other measure has been so promising in the use of water as a vehicle for conveying factors, deterring disease since the chlorination of water supplies was first practised in England in 1897, when the water was treated with bleaching powder following an outbreak of typhoid fever at Maidenhead. Dental caries may not be as spectacular as typhoid but its long term effect can be equally disastrous. It is perhaps the insidious character of dental disease that causes so much public indifference.

Dental Staffing.

Unfortunately, the picture of the County Dental Service in this respect is not as bright as some of the others quoted. The staffing improvement of 1961 was not, in fact, maintained and the whole-time equivalent fell to 55 officers at the 31st December, 1962. It appeared in 1961 that the worst difficulties of recruitment might well be over but the 1962 return showed that this optimism was not justified. There is, infact, still a serious shortage of entrants to this branch of the health service and all the difficulties being experienced by the school dental service can be traced to lack of recruitment. It seems that there is no doubt that young men and women prefer, in the majority of cases, to undertake general dental services on a payment per item basis to the full-time salaried position in the School Dental Service. There seems equally little doubt that the rate of recruitment to the School Dental Service is governed principally by conditions of reward, though the fact that dental officers have to devote 90% of their time to the treatment of children, with its added tensions, must also be taken into account when considering the problem of recruitment.

The Committee has made great improvements in clinical conditions, the scope and interest of dental treatment offered has been greatly extended, but recruitment is still far below normal requirements even for replacements. The unhappiest aspect of the staffing solution is that in areas where there is the greatest scarcity of practitioners in general practice, this state is always matched by a scarcity of school dental officers, a fact which obtains particularly in industrial areas, and which should call for special measures and attention.

Area Dental Officer Reports.

There are now ten Area Dental Officers in post and each is required to submit a report on features in his area during the year under review :—

Mr. Entwisle, Area Dental Officer for Education Division 20 has also undertaken treatment at Westhoughton Clinic in Division 14.

Mr. Entwisle calls attention to the close relationship between the enthusiasm of teachers and the numbers of children who seek dental treatment. He quotes one case where an acceptance rate of 92% was obtained and another when the Head Teacher's personal assistance raised the acceptance by a further 7%.

On the subject of evening sessions Mr. Entwisle calls attention once more to their value to Grammar School Children keen to obtain their dental treatment without disturbance to their studies, as well as to the cases attending under Section 22.

The staffing difficulties at Milnrow and Littleborough are again referred to and the comment is made upon the adverse effect of constant staff changes.

Mr. Jones, Area Dental Officer for the Huyton/Kirkby area refers to the improved staffing position at Kirkby and the installation of Air Rotors in Northwood and Westvale.

Dental treatment for the pupils at Huyton Gate Junior Training Centre was commenced during the year and dental health received special attention. Fluoridation is quoted as being a " front line " topic.

Mr. Wheeler, Area Dental Officer for No. 4 Division reports that this year there has been a twelve month interval in dental inspections. This has produced an increase in the acceptance rate and Mr. Wheeler points out that this is due to the fact that the re-appearance of the Dental Officer at an annual inspection assures parents that the School Dental Service is continuous and not spasmodic. This important point needs no enlargement. The controlled re-call system practised in Mr. Wheeler's area helps those parents who are in need of more frequent visits but it is pointed out that this addition to the scheme is not allowed to interfere with routine inspections in schools.

In the Bamber Bridge area Mr. Wheeler draws attention to the fact that a good acceptance rate has, in fact, slowed down the rate of dental inspections. Dental Health has received a stimulus in the area through the visits of the County's Mobile Dental Unit to the various schools, essays on dental health provided one focal point of interest in one school and in another girls themselves organised a project on dental care.

Mr. Gaunt, Area Dental Officer for Chadderton and District, states that there is a steady improvement in the dental condition of those children accepting treatment. He also notes a reduction in the intervals in dental inspection to two years. While this, Mr. Gaunt comments, is far from being satisfactory, it is nevertheless an improvement on the previous condition. The importance of providing overall treatment is emphasised by Mr. Gaunt who quite rightly goes on to say that the whole point of the Service is missed if only 50% or less of the children can obtain full dental treatment.

The Chadderton district, in common with many other industrial areas, has suffered considerably from lack of staff and credit is due to Mr. Gaunt and his colleagues in the area for the improvements made in the Service under difficult conditions.

Mr. Donovan, Area Dental Officer for Chorley, Leigh and Tyldesley mentioned the difficulties of obtaining adequate staff to deal with the demand in the district and he also reports an increase in the amount of prosthetic work carried out for cases under Section 22 of the Health Act.

Health Education also received considerable attention in the districts under Mr. Donovan's control.

Mr. Hargreaves, Area Dental Officer in Division 10 reports continued progress in the area.

The Haydock Dental Health Week already mentioned under Dental Health Education constitutes the major matter of Mr. Hargreaves' report.

Mr. Higson, Area Dental Officer for Division 6, in his report calls once more for additional staff to carry out the needs and responsibilities of the Service. Inspection intervals vary from three years to one year but Mr. Higson expresses the hope that by more selective treatment a more efficient and adequate service will be given.

Mr. Higson comments upon the reduction in the number of children being referred for treatment.

Orthodontics.

Orthodontic treatment in the clinics increased again this year, attendances amounting in all to 16,229.

The numbers at the Specialist Orthodontic Clinics rose again this year to a total of 8,073 attendances.

The work of this Section of the Service continues to expand and the encouragement given by the Orthodontists to the Dental Officers undertaking the simpler forms of treatment and their ready assistance in treatment planning and diagnosis in such cases has enabled the Service to be maintained during the year with only reasonable waiting periods before commencement of treatment ; though here again this Service has been under increasing pressure as the numbers of school pupils continue to go up.

The following table analyses the work of the Specialist Orthodontic Section during the year ;—

Sessions	Attendances	Cases Brought Forward from Previous Year	Cases Commenced	Inspections and Adjustments	Cases Completed	Cases Discontinued	Individuals fitted with Appliances	No. of Removable Appliances Supplied	No. of Fixed Appliances Supplied	Radiographs	Treatment Planning for Dental Officers	Unkept Appointments
876	8,073	1,041	520	484	428	58	416	700	195	1,297	314	1,212

Investigations.

During the year, at the request of the General Dental Council, an investigation into the success of various posters was carried out by Area Dental Officers in co-operation with Head Teachers. The results were of value in assessing the impact of the various posters and the Council thanked the Committee for their help in enabling the investigation to be carried out.

Whilst the Committee is not directly responsible for the dental treatment carried out under Section 22 of the National Health Service Act, it has been customary, over a number of years, to make a return of this part of the work done in order that a consolidation table of the more important items of treatment may be given showing the work of the Service as a whole.

Expectant and Nursing Mothers.

Inspected	Treated	Attendances	Fillings	Extractions	General Anaesthetics	Dentures Provided			Other Operations	Radiographs
						Complete	Partial	Repaired		
4,203	2,624	9,055	3,250	7,041	1,027	761	353	45	4,281	154

Treatment is now also available free of charge, including the supply and repair of dentures, under General Dental Services for Expectant and Nursing mothers.

Pre-School Children.

Inspected	Treated	Attendances	Fillings	Extractions	General Anaesthetics	Other Operations	Radiographs
3,581	2,696	4,876	1,810	3,681	1,857	1,784	9

The dental treatment provided for pre-school children needs expansion but, however, in so far as fluoridation of the water supplies would not only reduce the problem by over 50% it would spare a vast amount of unnecessary suffering and ill health in children under school age, an additional help is available now.

All the returns of the various branches consolidated into a general picture of the work of the Dental Service during 1962 with comparable figures for the previous year is shown below :—

	Inspections	Attendances	Fillings	Extractions	Crowns	Inlays	Other Operations	Radiographs	Dentures	Repairs
1961	178,085	159,003	85,984	96,590	26	29	50,576	2,207	2,041	165
1962	192,662	168,647	93,419	96,091	72	38	52,958	1,902	1,722	134

Summary.

Reviewing the entire year's work there has been some progress in almost all directions. That 168,647 attendances were made at County Dental Clinics, that 192,662 dental inspections were carried out, and that more than 245,000 separate operations were performed speaks for the functions carried out by the Service.

The liaisons between the Dental Hospital at Manchester and the General Dental Council have been strengthened to the advantage of all taking part in the year's activities in the dental field. These times could be described as very encouraging for the School Dental Service and the sincere thanks of all who take part in it are recorded to those who have given support and aid to the Service in carrying out its work during 1962.

APPENDIX I

PRELIMINARY REPORT ON THE USE OF A QUESTIONNAIRE IN THE SELECTION OF SCHOOL CHILDREN FOR MEDICAL EXAMINATION

BY

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The Leigh Survey.

The opportunity arose in 1960 for a research project to be launched in Leigh to evaluate a questionnaire to parents as a means of selecting children for medical examination. This procedure, as an alternative to the traditional periodic examination of school children at certain ages, has now been tried by a number of Education Authorities in the country. It was hoped at the outset also to obtain information from the teachers on every child but for a number of reasons this did not prove easy. Although some analysis of the comments which were obtained will be published later, this aspect will not be considered further here. Our present report concerns the questionnaires completed by parents, with or without the help of a health visitor, or one of our staff, and the examination and interview subsequently conducted by one of the doctors in the survey.

The children were selected at random from six age groups. The parents were asked to complete a detailed questionnaire concerning the child's past and present health and the social circumstances of the family. A random subgroup from each age group was invited to attend the clinic during the following year. A survey doctor then took a history from mother and child, and did a detailed clinical examination **before** looking at the questionnaire. Discrepancies between the questionnaire and the clinical examination were recorded, and if possible the reasons for any discrepancies were also noted. In discussing these discrepancies we will refer to ' questionnaire overstating ' when there appeared to be reason for the child to be medically examined whereas the doctor thought this to be unnecessary, and ' questionnaire understating ' when the converse was the case. This terminology immediately introduces many assumptions of which we are aware. We have, of course, no ' true ' or absolute measure of each child's health problems and needs.

A uniform questionnaire was completed by parents and from this a clinical decision was reached as to whether it would be *a*) desirable or *b*) necessary for a child with the characteristics recorded to be seen by the school doctor or not. The decision was based on the number and nature of the positive scores (i.e., the YES answers to questions about symptoms). A score of 4 YESES was regarded as making an examination desirable (Score 4 in Table) and a score of 8 or more YESES made it essential (Score 5 in Table). In certain other cases single symptoms such as enuresis alone, or groups of symptoms such as three upper respiratory symptoms qualified a child for a 5 or a 4 in the absence of other positive answers. These decisions were then compared with the assessment made independently by one of the five survey doctors after a comprehensive clinical interview and examination, the pro-

cedures of which had been made standard as far as possible. These latter assessments were discussed by at least two of the doctors before being finally accepted. Thus the comparison is between a judgment based on a fairly lengthy medical examination by a survey doctor or one based on a written questionnaire.

In both cases the bias and inaccuracies of doctors' judgments were operative. We attempted to reduce the inconsistencies due to these by using agreed procedures, by frequent exchanges of opinion and by devoting adequate medical time to each child examined (about twenty minutes usually). Aware of the shortcomings of a medical interview we were merely trying to find whether the questionnaire could be regarded as no less reliable than an adequate medical interview.

It should be pointed out, however, that agreement in overall assessment does not necessarily mean that the questionnaire was, in the examining doctor's judgment, accurate in all respects. Indeed it may have been inaccurate in all respects but if it nevertheless resulted in the child being seen, or not seen as the doctor deemed necessary, it had served its purpose.

Results*

Table 1 shows the health assessment made from the questionnaire for the boys and girls of each group. On our criteria it was thought to be necessary to see a third of the children (31% of boys and 36% of girls), and desirable to see another 23% of them.

Table 2 shows the health assessment for all age groups made from the clinical examination of those in the random examination sample, and compares this with the questionnaire assessment. It can be seen that the two methods showed agreement that an interview was unnecessary in the case of 47 (37%), that it was desirable in 12 (9%) and necessary in 32 (25%), or if these two are combined agreement to see was found in 56 (44%). 12 questionnaires (9%) would have led to unnecessary interviews, and 11 (9%) children who should have been seen would have been missed. The reason for these 11 errors are given in Table 3. Four of them would certainly have been avoided if the notes of an earlier examination had been available and complete (in fact the school health records were not consulted in making these decisions) or if screening procedures had been carried out by a nurse before the medical examination. There remain 7 children (5%) who may not have been seen if a decision had to be made on the basis of a questionnaire plus record plus screening.

These children did not differ from the others in the survey very notably except that 8 out of 11 (73%) were from families with 3 or more children, whereas only 50% of all the children came from families of this size. However, with such small numbers no stress can be placed on this.

Greater agreement between questionnaire and examination occurred when the health visitor filled in the form (87%) (76 out of 87) no doubt because she had been briefed and was able to interpret difficult points to the parent. However, even the postal questionnaire produced agreement in 79% (28 out of 40) cases (Table 4). Some of the characteristics of the families of the children in these samples have been analysed, and are presented according to whether examination was required or not in Tables 5, 6 and 7.

* These are preliminary and provisional, based on hand sorting of part of the data prior to the full analyses, which are being carried out on the electronic computer.

It will be seen from Table 5 that the doctor thought that a higher proportion of the children from larger families than of those from smaller families should be seen. Combining entries 1) and 3), 48% (30 out of 63) of children from families of one or two children were selected, 57% (20 out of 35) of those from families of three or four and 62% (18 out of 29) of those from families of five or more. (It will be interesting to see when the detailed analyses are available whether the reason for selection also vary with family size). Table 6 records the father's social class (according to the Registrar-General's Classification of Occupations 1960). The largest proportion of children selected for examination was in Social Class V and the smallest in Social Classes I and II but again the numbers are small.

Table 7 is concerned with whether the mother of the child was at work at the time of the survey. This factor, of course, is not unrelated to family size. Relatively more children were thought to merit examination in families in which the mother did not work than in the others, and the smallest proportion of children thought to have significant health problems were those whose mothers worked part-time.

Conclusions.

At this stage it is possible to say with confidence that the questionnaire used was an effective means, in more than 80% of cases, of determining whether a child had a health problem. If used in conjunction with the records of the entrance medical examination, survey procedure by school nurses, and, if possible, the impressions of the teachers, it would be a satisfactory alternative to periodic medical examination during intermediate school years, and would halve the number of children to be seen. We experienced great co-operation from parents, and we gained the impression that they were pleased to review their children's health in response to a questionnaire. Parents seemed to regard the questionnaire as an expression of increased interest on the part of the school health service and, as a result, the large majority of those requested accompanied their children to the examination.

The questionnaire is designed so that positive answers quickly catch the eye, and thus when used in the medical interview (in the survey this was avoided) it provides the basis of the medical history, as well as the social background. It would be valuable for a trial to be made now on a **service** as opposed to **research** situation. Other reports have shown that there is an increase in clerical and administrative work when a questionnaire is used and the extent of this must influence the frequency of its use, or indeed whether it can be used at all.

The full analysis of our material will take some time, and will provide more information on the questions touched on above. Far more children than those included in the Tables were examined for various reasons, in fact of the 700 1949 children who were the subjects of the postal questionnaire, parents asked for more than 40% to be examined, whether it was medically necessary or not. These children and others who were seen were not a ' random sample ' and so have not yet been included in any analyses to avoid possible bias in the preliminary results. The computer will allow separate analyses to be made, and these can be combined if there are no remarkable differences between the groups.

In addition to the original service problem which has been briefly considered here, we have a full picture of the prevalence of a wide range of symptoms amongst 1,200 children, and the analysis of

this, against the known social, family and intellectual background material will be an important guide to the School Health Service at another level. It will indicate the type of problems existing in school children with various characteristics and will hence enable the school doctor to direct his attention accordingly.

This work has been undertaken with the help of Professor C. Fraser Brockington, Department of Social and Preventive Medicine, Manchester University.

Table I

Questionnaire Scores

Year of Birth	0, 1, 2, 3	4	5	All	Percentage for Examination (i.e. scoring 4 or 5)
1949	28	7	7	42	33%
1950	33	19	34	86	62%
1951	42	24	28	94	55%
1952	30	21	33	84	64%
Males	72	34	48	154	53%
Females	61	37	54	152	60%
TOTAL	133	71	102	306	56%
	44%	23%	33%		

0=No problems.
1=Insignificant problems.
2=Significant problems, but under treatment.
3=Problems requiring referral, e.g. bad teeth.
4=Advisable to see.
5=Necessary to see.

Table II

Health Assessment from Questionnaire and Examination

Examination Assessment	Questionnaire Assessment 0, 1, 2, 3	4	5	All Questionnaires
0, 1, 2, 3	47	9‡	3‡	59
4	4†	12	4	20
5	7†	8	32	47
ALL EXAMINATIONS	58	29	40*	127*

*=Includes one child who was not assessed at examination.
†=Questionnaire UNDERstated.
‡=Questionnaire OVERstated

Table 3

Reasons why examination thought necessary, although the Questionnaire did not show this.

2 children with probably congenital conditions (cardiac murmur)

2 children who were detectable by screening (both overweight)

2 children with symptoms which were regarded as insignificant but who had real problems (severe catarrh and very poor appetite).

5 children whose symptoms were omitted in the answers to the questionnaire (otitis media, speech defect and catarrh, nervousness and 2 enuretic).

Table 4

Agreement between Questionnaire and Examination.
According to method of administering the Questionnaire.

		Health Visitor Questionnaire	Postal Questionnaire	ALL
1.	Agree to see	48	9	57
2.	Agree **not** to see	28	19	47
3.	Questionnaire UNDERstated ...	4	7	11
4.	Questionnaire OVERstated ...	7	5	12
	ALL	87	40	127

Table 5

Agreement between Questionnaire and Examination.
According to Family Size.

		Number of Children in Family			
		1 or 2	3 or 4	5+	ALL
1.	Agree to see	27	15	15	57
2.	Agree **not** to see	27	9	11	47
3.	Questionnaire UNDERstated ...	3	5	3	11
4.	Questionnaire OVERstated ...	6	6	—	12
	ALL	63	35	29	127

Table 6

Agreement between Questionnaire and Examination.
According to Social Class of the Father.

		Father Social Class					
		I & II	IIINM	IIIM	IV	V	ALL
1.	Agree to see	3	6	22	14	12	57
2.	Agree **not** to see	5	3	15	19	5	47
3.	Questionnaire UNDERstated ...	—	1	6	4	—	11
4.	Questionnaire OVERstated ...	1	2	6	3	—	12
	ALL	9 (7·1%)	12 (9·4%)	49 (38·6%)	40 (31·5%)	17 (13·4%)	127 (100%)

Table 7

Agreement between Questionnaire and Examination.
According to whether the Mother was working.

		Mother not working	Mother working full-time	Mother working part-time	ALL
1.	Agree to see	39	14	3	57*
2.	Agree **not** to see	20	13	14	47
3.	Questionnaire UNDERstated ...	7	1	2	11*
4.	Questionnaire OVERstated ...	6	2	4	12
	ALL	72 (57%)	30 (24%)	23 (18%)	127† (100%)

* Includes child with no mother.

† Includes 2 children with no mother.

APPENDIX II

QUESTIONNAIRE USED IN THE SELECTION OF SCHOOL CHILDREN FOR MEDICAL EXAMINATION.

CONFIDENTIAL

Past Health

Has your child ever been admitted to hospital for any reason ? ... ... Yes No

If YES please give details below

Illness, accident or operation	Age at time	Hospital	Length of Stay

Has he had any other serious illnesses (such as pneumonia, meningitis, tuberculosis, polio, rheumatic fever) ? Yes No

Has he ever had discharging ears ? ... ... Yes No

Has he ever had asthma ? ... ... Yes No

Has he ever had fainting attacks, blackouts, dizzy spells, convulsions or fits of any kind, in babyhood or after ? ... ... Yes No

Did he ever wet the bed after the age of 5 ? ... ... Yes No

If YES to any of the above, please give details below, but do not enter again those illnesses for which he was admitted to hospital

Illness	Age at time	Length of Illness

Please ring the number of times you think he saw the family doctor in the last year

0 1 2 3 4 5 6 7 8 more than 8

Present Health

1 Is he a very poor eater ? ... ... Yes No

2 Does he suffer from indigestion ? ... ... Yes No

3 Does he tend to have frequent loose motions ?... ... ... Yes No

4 Is he often troubled by constipation ? ... ... Yes No

5 Does he often have vomiting attacks ? Or bilious attacks ? ... ... Yes No

6 Does he pass worms in his motions ? ... ... Yes No

7 Does he have any other " tummy trouble " of any kind ? ... ... Yes No

8 Has he any bad teeth ? ... ... Yes No

9 Do you think he is very much overweight ? ... ... Yes No

10 Do you think he is very much underweight ? ... ... Yes No

11 Does he have pain or burning on passing urine ? ... ... Yes No

12 Does he pass water much more often than other children ? ... ... Yes No

13 Does he wet the bed at night ? ... ... Yes No
14 Does he suffer from asthma ? ... ... Yes No
15 Does he suffer from bronchitis ? ... ... Yes No
16 Does he usually have catarrh in his nose ? ... ... Yes No
17 Does he have frequent nose bleeds ? ... ... Yes No
18 Does he get a lot more colds than other children ? ... ... Yes No
19 Does he have many sore throats ? ... ... Yes No
20 Has he had running ears during the last year ? ... ... Yes No
21 Has he had earache during the last year ? ... ... Yes No
22 Do you think there is anything wrong with his vision ? ... ... Yes No
23 Does he have any other eye trouble ? ... ... Yes No
24 Does he wear glasses ? ... ... Yes No
25 Do you think he is hard of hearing ? ... ... Yes No
26 Does he have any trouble with his speech ? ... ... Yes No
27 Does he have severe headaches ? ... ... Yes No
28 Has he anything wrong with his bones or joints ? ... ... Yes No
29 Does he often complain of aches and pains in his limbs ? ... ... Yes No
30 Does he limp ? ... ... Yes No
31 Does he stand badly ? ... ... Yes No
32 Does he have any trouble with his feet ? ... ... Yes No
33 Does he have any skin trouble ? ... ... Yes No
34 Is he lacking in energy ? ... ... Yes No
35 Does he soon get short of breath ? ... ... Yes No
36 Does he often have nightmares or night terrors ? ... ... Yes No
37 Does he often bite his nails ? ... ... Yes No
38 Does he have any habits such as twitches, thumb sucking, sleepwalking or others ? ... ... Yes No
39 Is he a particularly nervous child ? ... ... Yes No
40 Is he a particularly timid child ? ... ... Yes No
41 Is he a particularly anxious child ? ... ... Yes No
42 Does he cry a lot for no reason ? ... ... Yes No
43 Does he have many tantrums ? ... ... Yes No
44 Does he seem to be unhappy at school ? ... ... Yes No
45 Does he have a lot of difficulty in keeping up with his lessons ? ... ... Yes No
46 Is he a poor mixer ? ... ... Yes No
47 Do children pick on him so much that he can't get on with them, or otherwise make it difficult for him to get on with them ? ... ... Yes No
48 Does he keep himself apart from other children ? ... ... Yes No
49 Are there any special difficulties between him and his brothers and sisters ? (Omit ,if only child) ... Yes No
50 Are there any other particular problems with his behaviour ? ... ... Yes No

If you have answered "yes" to any of these questions, it may be that your child has already been to your own doctor, or a specialist, or a dentist because of the complaint. Will you now please look back at YES answers, and put a T *beside each YES where the child is already under treatment.*

For example, if your child has some bad teeth, for which he is attending your own dentist or the school dentist, your answer should be :

Has he any bad teeth ? ... ...T *Yes No*

The health of children is influenced by family circumstances, and so we would like you to answer some further questions about your family. Your answers will help the school doctor to assess your child's health.

Does he live with his own mother and father ? ... ... Yes No

If not, please give particulars :

Who lives in this household ?

Name	Sex	Relationship to the child	Age	*For brothers and sisters* School attended if over 11 (Gram., Tech., Sec. Mod., Spec. School)

Are there any brothers and sisters who do not live in the household ? ... ... Yes No

If YES please enter them in the table below

What is the father's occupation .....
(State name of job)

Where does he work ? .....
(Name of firm)

(*If the father does not live with the child, give the occupation of the present* MALE *head of your household, if there is one. If there is no male head give the last occupation of the father.*)

If the father is not working at present, ring the reason
sick
retired
unemployed
deceased
other

Does the mother work 30 or more hours each week outside the home ? ... ... Yes No
Does the mother work, but for less than 30 hours each week ? ... ... Yes No

IF SHE IS EMPLOYED :

What work does she do ? .....

Where does she work ? .....

What hours does she work ? .....

Does the father have poor health ? ... ... Yes No
Does the mother have poor health ? ... ... Yes No
Do any of the brothers and sisters have poor health ? ... ... Yes No

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The last page of the questionnaire asked for any other information, and whether the parent wished the child to be seen even if not selected.

APPENDIX III

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL INSPECTION AND TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS) DURING THE YEAR ENDED 31ST DECEMBER, 1962.

No. of Pupils on registers 342,288

Part I

Table A—Periodic Medical Inspections

Age Groups Inspected (By Year of Birth) (1)	Number of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1958 and later	2,044	2,021	98·87	23	1·13
1957	12,672	12,543	98·98	129	1·02
1956	12,761	12,681	99·37	80	0·63
1955	4,000	3,967	99·18	33	0·82
1954	1,198	1,189	99·25	9	0·75
1953	1,056	1,040	94·48	16	1·52
1952	5,512	5,471	99·26	41	0·74
1951	13,142	13,056	99·35	86	0·65
1950	7,016	6,983	99·53	33	0·47
1949	2,915	2,906	99·70	9	0·30
1948	7,784	7,721	99·19	63	0·81
1947 and earlier	16,519	16,360	99·04	159	0·96
Total	86,619	85,938	99·21	681	0·79

Table B—Pupils Found to Require Treatment at Periodic Medical Inspections

(excluding dental diseases and infestation with vermin)

Age Groups Inspected (By Year of Birth) (1)	For Defective Vision (excluding squint) (2)	For any of the other Conditions Recorded in Part II (3)	Total Individual Pupils (4)
1958 and later	26	126	135
1957	243	993	1,179
1956	307	1,009	1,258
1955	104	310	401
1954	47	102	144
1953	48	66	105
1952	260	337	565
1951	553	873	1,340
1950	396	463	807
1949	132	130	246
1948	405	539	876
1947 and earlier	777	913	1,595
Total	3,298	5,861	8,651

Table C—Other Inspections

Number of special inspections	33,766
Number of re-inspections	22,830
Total	56,596

Table D—Infestation with Vermin

Total number of visits paid to schools by the school nurses ...	12,650
Average number of visits per school made during the year by the school nurses	9·5
Total number of examinations in schools by the school nurses ...	519,161
Total number of individual pupils found to be infested	11,010
Number of cleansing notices issued	657
Number of cleansing orders issued	3

Return of Defects found by Medical Inspection in the Year ended 31st December, 1962

Part II

Table A—Periodic Inspections

Number of Pupils Inspected 86,619

Defect or Disease		Periodic Inspections			
		Entrants	Leavers	Others	Total
Skin	T	322	360	414	1,096
	O	869	637	628	2,134
Eyes— a. Vision	T	775	1,315	1,208	3,298
	O	1,463	2,297	2,192	5,952
b. Squint	T	281	95	45	421
	O	610	345	191	1,146
c. Other	T	67	65	44	176
	O	160	137	121	418
Ears— a. Hearing	T	165	109	57	331
	O	571	412	227	1,210
b. Otitis Media	T	78	48	44	170
	O	517	260	174	951
c. Other	T	49	87	62	198
	O	365	164	107	636
Nose and Throat	T	570	191	92	853
	O	3,820	1,338	569	5,727
Speech	T	211	65	24	300
	O	624	236	106	966
Lymphatic Glands	T	35	10	3	48
	O	1,430	454	150	2,034
Heart	T	22	10	6	38
	O	1,039	376	340	1,755
Lungs	T	91	32	20	143
	O	1,110	542	311	1,963
Developmental— a. Hernia	T	31	13	2	46
	O	143	52	18	213
b. Other	T	45	61	32	138
	O	728	556	257	1,541

Defect or Disease		Periodic Inspections			
		Entrants	Leavers	Others	Total
Orthopaedic — a. Posture	T	27	58	52	137
	O	184	281	290	755
b. Feet	T	279	233	143	655
	O	1,039	750	528	2,317
c. Other	T	139	135	150	424
	O	803	616	579	1,998
Nervous System — a. Epilepsy	T	13	7	11	31
	O	80	47	32	159
b. Other	T	26	17	15	58
	O	148	110	55	313
Psychological — a. Development	T	9	18	6	33
	O	290	216	84	590
b. Stability	T	27	31	4	62
	O	653	343	138	1,134
Abdomen	T	15	9	6	30
	O	216	134	30	380
Other	T	199	340	202	741
	O	637	597	373	1,607

T = Number of Pupils found to require treatment.

O = Number of Pupils found to require observation.

Table B—Special Inspections

Number of Special Inspections ... 33,766

Defect or Disease	Special Inspections	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	2,283	462
Eyes — a. Vision	1,173	2,140
b. Squint	120	347
c. Other	423	143
Ears — a. Hearing...	621	743
b. Otitis Media	186	212
c. Other	380	174
Nose and Throat	799	1,305
Speech	404	389
Lymphatic Glands	19	332
Heart	37	326
Lungs	166	471
Development — a. Hernia...	10	42
b. Other	84	236
Orthopaedic — a. Posture	45	119
b. Feet	542	476
c. Other	381	409
Nervous System — a. Epilepsy	26	76
b. Other	85	154
Psychological — a. Development	130	327
b. Stability	165	418
Abdomen	32	98
Other	3,087	1,332

Part III

Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools) during the Year Ended 31st December, 1962.

Table A—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	3,443
Errors of refraction (including squint)	15,877
Total	19,320
Number of pupils for whom spectacles were prescribed	12,090

Table B—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment	
(*a*) for diseases of the ear	295
(*b*) for adenoids and chronic tonsillitis	3,193
(*c*) for other nose and throat conditions	426
Received other forms of treatment	2,737
Total	6,651

Total number of pupils in schools who are known to have been provided with hearing aids :—

(*a*) in 1961	57
(*b*) in previous years	145

Table C—Orthopaedic and Postural Defects

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	6,026
(*b*) Pupils treated at school for postural defects	14
Total	6,040

Table D—Diseases of the Skin (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(*a*) Scalp	8
(*b*) Body	18
Scabies	150
Impetigo	852
Other Skin diseases	5,695
TOTAL	6,723

Table E—Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	194

Table F—Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	2,446

Table G—Other Treatment Given

		Number of cases known to have been dealt with
(*a*)	Pupils with minor ailments	20,910
(*b*)	Pupils who received convalescent treatment under School Health Service arrangements	351
(*c*)	Pupils who received B.C.G. vaccination	11,772
(*d*)	Other than (*a*), (*b*) and (*c*) above	10,435
	TOTAL (*a*)–(*d*)	43,468

Part IV

Dental Inspection and Treatment Carried out by the Authority During the Year Ended 31st December, 1962.

(*a*) Dental and Orthodontic Work.

(1) Number of Pupils inspected by the Authority's Dental Officers :—

(i) At Periodic Inspections	Under 5	3,143
	Age 5	13,551
	Age 6	15,741
	Age 7	16,127
	Age 8	15,659
	Age 9	16,057
	Age 10	15,820
	Age 11	14,150
	Age 12	10,542
	Age 13	11,180
	Age 14	11,367
	Age 15	6,249
	Over 15	2,080
	Total (Periodic) ...	151,666
(ii) As Specials		33,212
(iii) Total (1) (Periodic and Specials)		184,878
(2) Number found to require treatment		119,310
(3) Number offered treatment		111,017
(4) Number actually treated		59,272

(*b*) Dental Work Other Than Orthodontics.

(1) Number of attendances made by pupils for treatment, excluding those recorded at (*c*) (i) overleaf...			146,560
(2) Half-days devoted to	(i) Periodic (School) Inspection ...		1,393
	(ii) Treatment		23,422
	Total (2)		24,815
(3) Fillings	(i) Permanent teeth		75,589
	(ii) Temporary teeth		12,770
	Total (3)		88,359

(4)	Number of teeth filled	(i) Permanent teeth	68,388
		(ii) Temporary teeth	10,529
		TOTAL (4)	78,917
(5)	Extractions ...	(i) Permanent teeth	25,461
		(ii) Temporary teeth	59,908
		TOTAL (5)	85,369
(6)	Administration of general anaesthetics for extraction ...		35,420
(7)	Number of Pupils supplied with artificial teeth		608
(8)	Other operations ...	(i) Permanent teeth	28,794
		(ii) Temporary teeth	11,347
		TOTAL (8)	40,141

(*c*) ORTHODONTICS—

(i)	Number of attendances made by pupils for orthodontic treatment	*16,229
(ii)	Half-days devoted to orthodontic treatment	533
(iii)	Cases commenced during the year	1,703
(iv)	Cases brought forward from previous year	1,574
(v)	Cases completed during the year	1,346
(vi)	Cases discontinued during the year	188
(vii)	Pupils treated by means of appliances	1,102
(viii)	Removable appliances fitted	1,413
(ix)	Fixed appliances fitted	295

* This figure includes 8,073 attendances at the specialist Orthodontic Clinics.

Handicapped Pupils Requiring Education at Special Schools Approved under Section 9(5)

During the Calendar year ended 31st December, 1962—

A	Number of handicapped pupils who were newly assessed as needing special educational treatment at special schools or in boarding homes	
B	(i) Number of children included at A, who were newly placed in special schools (other than hospital special schools) or boarding homes	
	(ii) Number of children assessed prior to 1st January, 1962, who were newly placed in special schools (other than hospital special schools) or boarding homes	
	Total (B (i) and B (ii))	

Number of handicapped pupils from the Authority's area, who on or about 20th January, 1963—

C	(i) were requiring places in special schools—Totals—	(*a*) day	
		(*b*) boarding	
	(ii) included at (i) who had not reached the age of 5 and were awaiting:—	(*a*) day places	
		(*b*) boarding places	
	(iii) included at (i) who had reached the age of 5 but whose parents had refused consent to their admission to a special school, were awaiting—	(*a*) day places	
		(*b*) boarding places	
D	(i) were on the registers of (1) maintained special schools as—	(*a*) day pupils	
		(*b*) boarding pupils	
	(2) non-maintained special schools as—	(*a*) day pupils	
		(*b*) boarding pupils	
		Total	
	(ii) were on the registers of independent schools under arrangements made by the Authority		
	Total D (i) and D (ii)) ...		
	(iii) were boarded in homes and not already included under (i) and (ii) above		
	Total (D (i), (ii) and (iii)) ...		
E	Number of handicapped pupils (irrespective of the areas to which they belong) who were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944—		
	(i) in hospitals		
	(ii) in other groups (*e.g.*, units for spastics, convalescent homes)		
	(iii) at home		

OF THE EDUCATION ACT 1944 OR BOARDING IN BOARDING HOMES

1. Blind 2. Partially sighted		3. Deaf 4. Partial Hearing		5. Physically Handicapped 6. Delicate		7. Maladjusted 8. E.S.N.		9. Epileptic 10. Speech defects		TOTAL Cols. 1-10
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
5	11	15	22	38	130	28	491	12	3	755
1	7	7	8	17	82	6	282	6	1	417
2	5	8	7	13	41	15	196	4	—	291
3	12	15	15	30	123	21	478	10	1	708
—	—	—	4	14	15	—	317	—	—	350
6	6	7	13	32	19	19	82	1	3	188
—	—	—	—	—	—	—	—	—	—	—
3	1	5	2	2	—	—	—	—	—	13
—	—	—	1	—	—	—	52	—	—	53
—	—	—	—	2	3	—	31	2	—	38
—	18	39	20	43	53	—	1,474	—	—	1,647
—	2	22	30	123	62	9	185	30	—	463
—	—	4	3	8	1	—	4	—	—	20
56	44	115	69	23	65	16	126	5	2	521
56	64	180	122	197	181	25	1,789	35	2	2,651
—	—	—	—	5	—	46	46	—	—	97
56	64	180	122	202	181	71	1,835	35	2	2,748
—	—	—	—	—	—	1	1	—	—	2
56	64	180	122	202	181	72	1,836	35	2	2,750
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	45	—	—	—	—	45
—	1	—	—	89	4	3	5	4	—	106

Children found Unsuitable for Education at School

During the calendar year ended 31st December, 1962.

(i)	Number of children who were the subject of new decisions recorded under Section 57(4) of the Education Act, 1944 ...	118
(ii)	Number of reviews carried out under the provisions of Section 57A of the Education Act, 1944	1
(iii)	Number of decisions cancelled under Section 57A(2) of the Education Act, 1944	1